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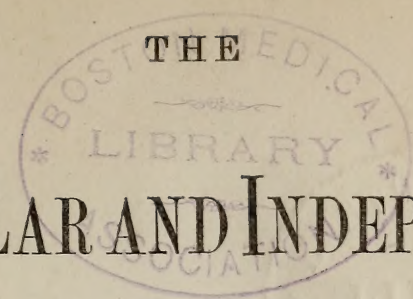
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THE
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VOL. II.

DETROIT, APRIL, 1859.

No. 1.

Original Communications.

ART. I.—Observations on Specialties in Medicine.

BY A.

DIVISION of labor in scientific inquiries, enriches science by large discoveries of facts, and consequently is by no means to be disregarded or contemned. Particularly have the series of sciences collateral to medicine been profited by this mechanical system. This acknowledged truth, and its analogous illustrations in the varied departments of art and production, have of later years exceedingly influenced the domain of practical medicine. In the cycle of ages the medical world has revolved to a condition of affairs precisely similar to that of a remote antiquity.

Time was when each organ of the human body was placed in the care of a distinct medical custodian, and not unfrequently when the unhappy patient died, the doctor still triumphed ;

“Still proved his reasoning best, and his belief,
Though propp’d on fancies wild as madmen’s dreams,
Most rational,”

because, sooth to say, the organ over which he was the presiding genius, had escaped destruction *before* death.

En passant, this reminds of a recent case where a modern specialist glorifies and is glorified, because his probang *did not* transfix the tracheal parietes, as was sagely believed by the patient (who died, however), and two *savans*, of the medical sort, who attended him *in extremis*. On the contrary, to the utter discomfiture of anti-probangdom, not only did the triumphant probang not cause death, but the larynx and trachea were *wholly free from disease!* Truly, this modern cock who came so near being sacrificed to *ÆSCULAPIUS* by the *NĒSTOR* of American Surgery and his colleague, may vigorously crow over the *post-mortem* developments. Human larynxes and tracheas will bear a deal of swabbing when wholly healthy, and why not allow anxious patients the luxury, if they can afford it?

The post-pharyngeal abscess with a post-mortem hole in it, the emphysema, *et alii*, are not within the trachea-swabbing domain—why call upon the king of medical specialists to invade the territory of his neighbors?

Medicine is spotted and covered, dwarfed and pauperized, by specialisms. Comprehensive, profound, exact, enlarged and true views of general practice are too much lost sight of in the petty technicalities, the mountebank manipulations, the legerdemain tactics, the microscopic little-nesses of throat men, skin men, womb men, eye and ear men, *et id omne genus—ad nauseam*. Every square inch of the human body, from head to heels, is dotted over with medical homunculi, wedded in heart and soul to their particular square inch, and knowing nothing, caring nothing, for the man as a whole.

And this is but the direct result of pandering to a gross popular error, which judges of practical medicine as it does of practical pin-making—much to be facilitated by division of the processes. And yet, if there is any one truth estab-

lished by all medical experience and all medical philosophy, these truths are established beyond reasonable cavil.

There is no man who knows so little of the correct treatment of the human eye as the professed oculist. There is, in like manner, no man so deplorably ignorant of the human ear, as the "aurist." There is no man so dangerous to the integrity of the human windpipe and its appurtenances as the "throat man." There is no man so prolific in mischief to the fairer portion of the race as he who displays, as the peculiar badges of his ministry, the speculum, the *porte caustique*, the sound, and the multi-form pessary.

And the catalogue might be extended indefinitely. A large proportion of this unmistakable quackery has grown up insidiously within the very sheepfold of the Profession. The magnates have eaten of it to their own rejoicing of pocket, and the tender lambs of the flock nibble assiduously at the promising grain, being fully persuaded that they shall thereby be enabled to wax fat and, in their turn, kick lustily at all "irregulars"—outside the pale *delicianum vitianum*.

Whatever excuse might have formerly been afforded for an attempt at division of labor in the practice of medicine, however attractive seems the opportunity, the great light, which has of late years been thrown upon the intimate relation existing between the most remote parts of the human body, now utterly dispels the illusion. No man who understands the full import of comparatively recent discoveries can now fail to see that the attempt to separate treatment of any single part of the body from a complete knowledge of the method of treating the whole, however diseased, is like a man's attempting to light a single burner, when the whole supply pipe is shut off at the meter. It may burn a little, a timid flickering ray or two, enough to

show how dark the surroundings are, but speedily it is gone—precisely as the traveling specialists do, burning out the supply in their little pipes, and then, the places which have once known them know them no more for ever.

It is to be feared that much of this tolerance of specialism has grown out of sheer indolence. Acquaintance with what inquirers in special departments of medical science have brought to light is imperatively necessary to the conscientious medical practitioner, and it is quite a relief to have some prophesiers of smooth things say that it is better to devote attention to what observers in one department only bring forward. But he only is a reliable practitioner who has drawn from every well at whose bottom Truth is—who has thoroughly grounded himself in the lore of experience, and the wisdom of research in all science.

This idea is not novel—it is as old as BACON. “In particular sciences we see, that if men fall to subdivide their labors, as to be an oculist in physic, or to be perfect in some one title of the law or the like, they may prove ready and subtile, but not deep or sufficient, no, not in that subject which they do particularly attend, because of that consent which it hath with the rest.” . . . “I mean not that use which one science hath of another for ornament or help in practice, but, I mean it directly of that use by way of supply of light and information, which the particulars and instances of one science do yield and present for the framing or correcting of the axioms of another science *in their very truth and notion.*”

Refer now to the flood of light which is being thrown upon the connection of remote parts of the human body, by the ingenious application of the newly-discovered laws of nervous action, to the elucidation of previously occult phenomena. The physiology of metastasis, now as clearly discoverable as the physiology of digestion. The epilepsy

supplanting the disease which long baffled the "skin man." The phthisis, which rewarded the efforts of the "os uteri man." The diabetes, which puzzled the "liver man," and so forth, and so on, to the end of the categories.

One blood percolates all capillaries—one nervous system is webbed in and over every organ, every tissue. Take away every thing else, and nervous fibre and vesicle map out the entire man. And yet, with these all-pervading elements, comes the Specialist, and rejoices, like MARIUS at Carthage, "alone amid ruins," that he can yet play manifold tunes upon his keyless, valveless trumpet. What matter is it if the hapless patient, like JOHN RANDOLPH, dies so soon as he is cured? Egypt "still lives."

ART. II.—Milk Sickness.

BY F. R. WAGGONER, M. D.

IN reviewing the notices given in the journals, of the Transactions of the American Medical Association, I make a special note of Dr. SUTTON'S Report on the Diseases and Topography of Kentucky, and especially of his malarious hypothesis of the etiology of Milk Sickness.

I feel, in no small degree, timid, in making an assault on the doctrines promulgated by a grave member of the learned American Medical Association. Notwithstanding, however, his position and senile dignity, I claim a voice, if I am a junior brother—I claim it because my knowledge has been derived from personal observation and contact with the fearful malady, though I know not what the learned M. D.'s advantages have been in securing data to found his hypothesis on.

That its etiology is not of a miasmatic origin is obvious from many facts: 1st, It is strictly an endemic disease;

2d, It is not known in many malarious districts ; 3d, The victim of its toxical influence is affected entirely different—that is, the symptoms of malarial diseases and Milk Sickness are in no case the same. (I mean well defined malarial fevers.)

Who ever heard of the entire Mississippi Valley being affected by “Trembles”—yes, a State, or even a county or community—as has been the case so frequently with the miasmatic diseases? I have witnessed seasons when scarce a family, of however well regulated hygienic habits, escaped the malady in some of its forms—intermittent, remittent, pernicious, &c.

But on the other hand, the disease in question is subjected to general and fixed rules, unalterable as the laws of the Medes and Persians, that are obvious to the most casual observer. 1st. Persons are only liable to the disease who feed upon the flesh, milk, &c., of animals that pasture in timbered land, as I have stated in another article, in the January No. of this journal ; therefore we scarce ever see a patient except along water-courses which are bounded by woodland on either side. So, we Suckers know too well where to look for “Milk Sickness.”

The topography of this county (Shelby), in which I reside, is such as to demonstrate, as clearly as any proposition in geometry, that it is not of a malarial origin. The county is a large one, and is traversed from northeast to southwest by the Kaskaskia River, which has a number of tributaries, under the denomination of creeks, draining the country for many miles east and west of the river. As is common in this Prairie State, the streams are skirted by timber, extending, in some cases, back from the stream two, three, and even four miles in places. The parent stream, the Kaskaskia, makes it way through a very broken country, with but little bottom-land ; the ridges and knolls reaching back for some distance, from one to two miles,

when a tableland sets in that continues to the prairie. The "river timber" is generally from five to six miles across. I would add that this broken region is covered by a profuse white oak growth—now and then a specimen of some other variety of the *Quercus*, together with an occasional hickory and walnut, the latter nearing the stream.

The tableland is studded by a variety of various species of the oak, hickory, etc., while nearing the prairie the timber becomes shrubby, stunted, and inferior. The soil, generally speaking, is of a wet, heavy clay character, which is noted for its productive qualities by the farmers. But on the other hand, the smaller streams are traced by a growth of a different character, as the *Gleditschia triacanthus* in abundance, *Ulnus*, *U. Americana*, *U. fulva*, *Cerasus Serotina*, *Celtis*, *Crassifolia*, etc., and an undergrowth of hazel, spicewood, and of such growths as are generally found in the black, sandy loam soil. I would say here, that the soil along these minor water courses is not to be surpassed in fertility in the great Mississippi Valley, while the prairies adjoining have soil in no way inferior.

It is on the course of those creeks that Milk Sickness makes its appearance, and, as it were, strikes its victim down at noonday, and is emphatically the terror of the forest, while the inhabitants of the Kaskaskia regions, together with their horses, cattle, hogs, &c., enjoy perfect freedom from the monster. This is a fact well known to every citizen of a few years' observation with us.

To remark more minutely upon our county topography. The northwest corner of it is drained by the terminus of the south fork of the Sangamon River, whose immediate source is in the prairie, and winds its way for some ten or twelve miles through the same, without scarce a bush or shrub to mark its course, when it enters a heavy and thick forest-growth, the same as described as growing on the tributaries of the Kaskaskia. It is worthy of remark

that on either side of this prairie-stream, the face of the country is very flat, and boggy in places. In the wet season of the year the entire face of the country is almost covered by the aqueous fluid. The soil is of the sandy loam also; very fertile and productive, if properly drained and cultivated. This meadow-land is a favorite resort for cattle, from early spring to late autumn; and, strange to relate, never a case of Milk Sickness occurs among them, though it may be readily inferred, it is the very hot-bed of *malaria*. But no sooner than our stream reaches its sylvan destination than the malady of which we treat clandestinely exhibits its furor.

But to return to our former topographical sketch. The Kaskaskia and its adjacent country are, and ever have been, as prolific in miasmatic diseases as any part of the Great West, and, too, in their most hideous and malignant form. together with the milder grades, as chills and ague, early and late. The Doctor's fee is the only dread for six months of the year; but, I repeat, not a case of Milk Sickness has ever been known in all this vast scope of *malarious* country for the M. D.s to try their skill upon, or to alarm the credulous. It is nevertheless those smaller streams which are subjected to malaria, but not to the extent that the Kaskaskia is. But on these minor streams I repeat the "*slows*" reign supreme. Can the learned Dr. SUTTON explain this *anomaly*?

The country intervening those creeks is prairie, in some cases to the extent of ten or fifteen miles, very high and draining. Though *malaria* frequently visits its tenants, *Milk Sickness* is *unknown* to their prairie abode.

As I am very deficient in descriptive faculties I will dilate no farther on the geography of Shelby. I shall not occupy much of your precious space with my *ultima ratio*.

The symptoms of malarial diseases are so varied, numerous, and dissimilar, that nearly every patient has symp-

toms peculiar to himself, though every case loudly proclaims to the experienced observer its etiology. The premonitory symptoms of Milk Sickness differ most from malarial. The symptoms are langor, lassitude, and a peculiar dullness and stupor, for several days before the onset of the attack proper begins ; chilliness, &c. are unknown. The "fœtor" of the exhalations is a striking diagnostic, and is never known in any form of the malarial—in fact, every clinical manifestation points out a malady of a peculiar etiology.

I have heretofore ventured an opinion on its origin, and I am now no way inclined to retract, and only ask the Profession to indulge me in my way, and look with me for its *telluric* source.

It has been iterated and re-iterated that the poison is most virulent and plenty in the fall season, after a hot, dry summer. That this is *true* I can not add my testimony, but am rather inclined to skepticism. A few facts in point.

The summer of 1851 was extraordinarily wet, from the latter part of May until late in August ; Milk Sickness in abundance, at least among stock. In 1852, the season was very favorable—but little sickness of any kind ; not a case of Trembles to the best of my knowledge. In 1853-4, very dry ; good health. In 1855, rainy and hot ; cholera in Shelbyville ; dysentery, malarial fevers, and Milk Sickness in great profusion. In 1856-7, drouth, and good health, except on the border country of the Kaskaskia ; malaria and dysentery the scourge. In 1858, very wet, with a fearful outbreaking of Milk Sickness. I only speak for this county.

I readily concede the fact that my observations have been too limited and circumscribed ; but straws show which way the wind blows.

Again, it has been rumored that it disappears at the approach of winter, or after the vegetation is destroyed by autumnal frosts and freezings. This may all be true—

that is, primary Milk Sickness, or the exciting cause; but that it lingers in the system, fermenting, hibernating, or incubating (probably acts by catalysis), as the case may be, and manifests itself in the heart of winter, is a fact now proven indubitably to me. Since Dec. 1st I have treated five well defined and malignant cases, and have now (Feb. 21st) a case under treatment, in this town. The patient is a road hand. When and how the poison was taken is unknown, but in all probability from beef consumed last fall, as the landlady at his boarding-house had a severe attack in October last, relapsed in December, but under treatment as given in my last communication to you (viz. saline cathartics, opiates, tonics, and stimulants) she recovered. I would remark my present patient is convalescing finely.

Let me chronicle, here, that many cattle died of it in the month of December, 1858, but none since, as I have learned.

These facts demonstrate the truth (for such it is) that we may look for Milk Sickness in winter as well as in fall practice. And now, Messrs. Editors, let all who know on this subject speak; and we will yet learn something of its latent etiology.

OCONEE, Illinois.

ART. III.—Detection of Alkaloids.

BY HENRY ERNI, M. D.

MORPHINE.

IN my article "upon the Employment of Strychnine as an Adulteration for Alcoholic Liquors" (Dec. 1858) I described the reactions by which strychnine is recognized, and pointed out the general principles which have to guide us

in isolating any of the alkaloids, when mixed with food, contents of stomach, etc. (p. 518). In referring back to the method devised by STAS, I propose to continue this subject by giving the chemical tests for tracing Morphine and its salts.

Morphine occurs in small, colorless prisms, or as a crystalline powder. Cold water dissolves about 1-1000th, hot water nearly double the quantity, the solution showing an alkaline reaction with litmus. Morphine is more soluble in alcohol, especially if boiling hot, taking up 1-40th of its weight, the greater portion separating again on cooling. It is nearly insoluble in ether; concentrated liquor of potassa or soda dissolve it largely, and without any chemical change. (Narcotine is insoluble in alkaline lexivæ.)

Morphine forms crystallizing salts with acids which are soluble in alcohol; sulphate, acetate, and muriate of Morphine are also soluble in water, and all of them in acidulated water.

It is recognized by the following reactions:

1. If we bring some Morphine into concentrated nitric acid, the latter assumes a blood red color, turning gradually more and more yellow.

2. Morphine and its salts separate from a solution of iodic-acid free iodine, which is either thrown down or remains dissolved, coloring the liquid yellow to brown, and exhibiting its peculiar odor and turning starch-paste blue.

3. A trace of Morphine, dissolved in water slightly acidulated with muriatic acid (the solution must be as neutral as possible), and brought in contact with diluted (neutral) perchloride of iron, causes a transient blue color, passing into green and brown.

4. Perchloride of platinum precipitates salts of Morphine, orange-colored (no ammonia or alkalies must be present).

To establish the presence of opium, it is but necessary to trace the meconic acid, since it is found nowhere else.

The substance to be examined is treated with alcohol and a few drops of chlorohydric acid ; the extract is evaporated, and the residue mixed with some water ; the insoluble portion is now filtered off, and the filtrate boiled with an excess of caustic magnesia (*Magnesia usta*). We again throw the mixture upon a filter, the filtered liquid contains meconate of Magnesia, which, when first acidulated with chlorohydric acid, and brought together with a solution of perchloride of iron, produces an intense mahogany-brown color.

ART. IV.—*Cannabis Indica*.

BY JOHN M. ALDEN, M. D.

FROM hearing, some years since, favorable reports relative to the use of *Cannabis Indica* in convulsive and other affections, I was induced to employ it, and have been highly pleased with its effects in nervous sufferings, annoyances, irregularities, and also in nervous debility.

In hysteria I have found nothing better. I usually give half-grain doses of the Extract every half hour, in pill or alcoholic solution. I prefer the latter form, as the effect is the more immediate. The formulæ is as follows :

Ext. *Cannabis Indicæ*, ʒj.

Alcohol, $\frac{3}{4}$ iij.

M. Dose, Half teaspoonful every half hour.

I have employed it in many cases of delirium tremens with the best results : giving one-grain dose every half hour ; which should be continued until sleep is induced. I have often given twenty grains before this was accomplished.

I have also used it with marked success in cases of palpitation of the heart, unconnected with any change of structure, but dependent upon some disordered condition

of the stomach, or some other slight cause deranging the equilibrium of the nervous system. In these cases I often find it necessary to continue its use for some weeks, giving it three or four times a day in grain doses.

I have often prescribed it to relieve spasms arising from cholera morbus; and have found it successful in infantile convulsions, independent of any vascular disturbance, painful dentition, or cerebral implication, but which are excited and sustained by intestinal irritation, caused by crude ingesta or vitiated secretions. Also, in severe cases of burns, where the pain was intense, the patient has derived much benefit from it in a short time. Its effects being soothing, I think it the best remedy in all like circumstances. I have met with most success by the use of this remedy in cases of nervous headache, than from all the other remedies combined, including caffenin; giving one grain of the Extract every three hours until the patient is relieved; usually continuing it several days, once in six hours, which continuation intercepts a recurring paroxysm.

The only bad effects which I have ever experienced from its use, during twelve years' experience with it, was in two instances where *three-grain* doses were administered in cases of indigestion and constipation. The first case was that of Mr. COOPER, in the locality of Grand Rapids, Mich.; he was of ordinary health, and I had prescribed the Extract of *Apocynum Cannabinum* in three-grain doses. The druggist, by mistake, put up the *Cannabis Indica*; the mistake arising from the fact that both articles are improperly denominated *Indian Hemp*. The nearest physician being a Homœopathist, he was called in at the time Mr. C. was under the influence of an overdose of this elixir vitæ, which afforded him a capital opportunity to portray the dangerous treatment of the regular practice. However, when the facts were known in the case, both he and the patient were disposed to reverse their decision, and attri-

bute the phenomena produced to the true cause. The symptoms in this case were of a spasmodic and convulsive character, very nearly allied to those of tetanus—cramping of the voluntary muscles, at times of the whole body. The exacerbations of the spasms were very short, and became less frequent, and shortly disappeared entirely. There was no nausea, but a highly stimulating effect was produced.

The second case was Mrs. B., of this city; the same prescription being ordered as in the other instance, and the druggist putting up the *Cannabis Indica* by mistake. About the same phenomena were produced as in the first case. When I interrogated her in reference to her feelings, she remarked, laughing at the same time, that she never was drunk in her life, but from what she had seen she could not describe her feelings better than to say she was “very drunk.” The neighbors were much alarmed, as the change was sudden, and the patient convalescing at the time. By the administration of an anti-spasmodic, she soon recovered from its effects.

From my own experience in the use of the Extract of *Cannabis Indica*, I conclude its properties are stimulant, anodyne, narcotic, anti-convulsive, anti-spasmodic, and aphrodisiac—exhilarating the spirits, increasing the appetite, and in large doses, occasioning intoxication; when administered properly, restoring nervous composure and quietude, without impairing the appetite, checking secretions, or constipating the bowels, hence its advantage over opium.

ART. V.—A Case of Brain Disease presenting some Points of Interest.

By O. C. GIBBS, M. D.

THERE are are some brain affections that are so obscure in their systemic manifestations, that a correct diagnosis is by

no means easy. Tumors, cysts, hydatids, and tubercles of the brain, atrophy and softening of that organ, present occasionally illustrative cases. There is one source of consolation to the physician in these obscure cases, for it is often a matter of but little moment whether our diagnosis be correct or not, as they tend, generally, steadily to a fatal termination.

The following case presents some points of interest:

January 10th, 1859, I was called to see Mr. R., aged about 55 years. He was a large, muscular man, in good flesh, and, so far as the digestive and assimilative organs were concerned, seemed in good health. He had, for most of his life, been a regular drinker of intoxicating drinks, an immoderate chewer of tobacco, and a hard laborer. When the gold excitement in California was at the first height of its rage, he went there, and labored industriously for about three years in the mines. For the last year his family had discovered something wrong with him. Always seemingly happy, joyous, and mirthful, he first attracted attention by telling foolish and laughably absurd stories, always with seeming sincerity and unfeigned truthfulness. His memory, also, seemed greatly impaired, as he would tell the same stories to the same individuals repeatedly, and never show that he did not suppose they were each time new to them. About three months ago, the integrity of the will seemed greatly impaired. When a certain labor was commenced he seemed to have no power to stop the muscular exercise which that labor called forth. If he went to the barn to throw down a forkful of hay for his horse, he would never stop pitching down hay until the whole mow was upon the floor, unless some one stopped him. If sent out to bring a handful of wood, he would never stop until the pile was all in, or the room was full, until some one, by force, put his automatic motions to a stop. When he once commenced eating, it would seem as though he would never stop, unless forced to do so.

For a few weeks past the integrity of his mental operations had seemed more disturbed ; he seemed to lose the power of balancing. When he arose to an erect position he would commence to go backwards, and would continue to do so until he fell, unless watched and brought down upon a seat. When sitting he would commence leaning backwards, and continue until he tipped over, unless prevented by his attendants. He was disposed to sleep much and soundly. He was uniformly polite, cheerful, sometimes witty, and never disconcerted, or in any way disturbed by any mishaps that befel him in consequence of his loss of balancing power.

The case was diagnosed as one of softening of the brain, more particularly of the cerebellum, and a fatal issue was prognosticated.

Though there was no pain in the head, the temples were cupped, and a seton was inserted in the back of the neck. At first small doses of mercurials with antimony was given, but subsequently quinine with alcoholic stimulants were substituted. The patient gradually failed, and, without marked symptoms, died about two months later. No opportunities for post-mortem could be had, much to our regret.

FREWSBURY, Chautauque Co., N. Y.

ART. VI. — Meteorological Register for Month of February, 1859.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date.	Barometer.				Hygrometer.				Force of Vapor in Inches.				Relative Humidity.				Winds — Direction and Force.				Fall of Rain.		
	7 A.M.	2 P.M.	9 P.M.		7 A.M.	2 P.M.	9 P.M.		7 A.M.	2 P.M.	9 P.M.		7 A.M.	2 P.M.	9 P.M.		7 A.M.	2 P.M.	9 P.M.		BEGAN.	ENDED.	INCHES.
1	29.00	28.80	28.82	28.35	31	25.32	28	65	69	68	S.E.	2 S.E.	2 S.E.	2 S.W.	1	2	2	2	2	2	2	2	
2	28.78	28.80	28.82	33.35	33	31.82	30	80	79	70	S.W.	2 S.W.	2 S.W.	1 W.	1	1	1	1	1	1	1	10. a.m.	.42
3	28.90	28.90	28.92	23.34	30	21.82	28	73	79	78	W.	2 W.	2 S.W.	2 S.W.	2	2	2	2	2	2	2	2	.02
4	29.00	29.00	29.00	10.26	20	7.24	16	37	75	41	S.	2 S.W.	2 S.W.	1 W.	1	1	1	1	1	1	1	10. a.m.	.31
5	28.90	28.88	28.88	12.17	11	10.15	8	61	67	39	S.W.	2 W.	2 W.	2 S.W.	2	2	2	2	2	2	2	2	
6	28.88	29.00	29.05	14.28	15	12.25	11	63	65	30	N.W.	2 N.W.	2 S.W.	2 S.W.	1	1	1	1	1	1	1	1	
7	29.08	29.00	28.95	8.32	28	5.30	25	33	79	65	N.W.	1 N.W.	2 S.W.	2 S.W.	2	2	2	2	2	2	2	2	
8	28.90	28.90	28.90	32.38	34	30.33	30	79	53	61	S.W.	2 S.W.	2 W.	2 W.	1	1	1	1	1	1	1	1	
9	28.80	28.85	28.90	32.35	28	30.32	25	79	69	65	W.	2 W.	2 W.	2 W.	2	2	2	2	2	2	2	2	
10	29.00	29.00	29.00	7.11	10	5	8	53	39	37	W.	1 W.	2 W.	2 W.	2	2	2	2	2	2	2	2	
11	29.02	29.00	28.95	29.34	32	27.32	30	77	79	79	S.W.	2 S.W.	2 S.W.	2 S.W.	1	1	1	1	1	1	1	1	.37
12	29.03	29.02	29.05	30.36	31	28.33	28	78	70	68	S.W.	2 S.W.	2 S.W.	2 S.W.	2	2	2	2	2	2	2	2	
13	29.10	29.08	29.00	28.36	31	26.32	27	76	61	58	S.	1 S.W.	2 S.W.	2 S.W.	1	1	1	1	1	1	1	1	
14	28.90	28.90	28.85	26.35	24	22.32	21	51	69	61	S.W.	2 S.W.	2 S.W.	2 S.W.	2	2	2	2	2	2	2	2	
15	28.72	28.72	28.72	40.45	37	37.40	32	73	60	52	S.	2 S.W.	2 S.W.	2 S.W.	2	2	2	2	2	2	2	2	
16	28.74	28.75	28.75	36.45	35	34.42	32	80	76	69	E.	2 S.E.	2 S.E.	2 S.E.	1	1	1	1	1	1	1	1	.04
17	28.80	28.80	28.84	33.44	33	32.40	30	89	67	70	E.	2 S.E.	2 S.E.	2 S.E.	2	2	2	2	2	2	2	2	
18	28.90	28.90	28.88	36.46	36	33.42	33	70	69	70	S.W.	2 S.W.	2 S.W.	2 S.W.	3	3	3	3	3	3	3	3	
19	28.88	28.80	28.76	43.55	45	40.47	40	75	50	60	E.	2 S.W.	2 S.W.	2 S.W.	4	4	4	4	4	4	4	4	.25
20	28.70	28.70	23.75	33.33	30	32.32	28	89	89	78	W.	4 W.	4 W.	4 W.	2	2	2	2	2	2	2	2	
21	29.00	29.00	29.00	27.33	31	24.28	27	64	51	58	W.	2 W.	2 W.	2 W.	3	3	3	3	3	3	3	3	
22	29.02	29.08	29.10	33.45	34	32.37	30	89	38	61	S.W.	2 S.	2 S.	2 S.	2	2	2	2	2	2	2	2	.22
23	28.80	28.82	28.85	31.44	32	29.41	28	78	75	59	E.	2 N.E.	2 N.E.	2 N.E.	2	2	2	2	2	2	2	2	
24	28.90	28.90	28.88	34.38	29	32.34	27	79	62	77	N.E.	3 N.E.	3 N.E.	3 N.E.	3	3	3	3	3	3	3	3	.03
25	28.80	28.75	28.72	27.31	25	25.27	24	76	58	81	S.W.	3 S.W.	3 S.W.	3 S.W.	2	2	2	2	2	2	2	2	
26	28.92	28.75	28.78	30.38	34	28.34	31	78	58	71	S.W.	2 S.W.	2 S.W.	2 S.W.	2	2	2	2	2	2	2	2	
27	28.95	29.00	29.00	34.40	35	32.35	22	78	55	69	S.W.	2 S.W.	2 S.W.	2 S.W.	1	1	1	1	1	1	1	1	
28	29.08	29.05	29.02	37.41	36	34.36	32	71	56	61	N.W.	2 N.W.	2 N.W.	2 N.W.	2	2	2	2	2	2	2	2	

Bibliographical Record.

FAVORITE PRESCRIPTIONS OF LIVING AMERICAN PRACTITIONERS. By HORACE GREEN, M. D.

A SMALL work, giving, under appropriate heads, the selections from Favorite Prescriptions, amassed by Dr. GREEN in his professional and social intercourse with those Practitioners who have visited him during many years past. Portions of these have been quite extensively copied from the *American Medical Monthly*, in which they have appeared, and from them the reader can gather an idea of the whole. The author says :

"The publication of these tried formulæ, with appended observations—which are the contributions of many of the distinguished Practitioners of our country—will not fail, it is believed, to add to our stock of knowledge in both rational therapeutics and practical medicine. To the young and inexperienced Practitioner it will afford material aid."

THE KNICKERBOCKER.

WE received from the Publishers the *February* No. of this "Century Plant" among the "mushrooms" of popular periodical literature.

We particularly noted an article entitled "A Grain of Wheat in a Bushel of Chaff," in which the writer offers ample proof that the credit for priority in discovery of the pain-conquering power of ether as an anæsthetic, should be awarded to HORACE WELLS, of Hartford, Conn., instead of to Dr. MORTON, of Boston, who has so strenuously

claimed it. To not know "*Knick.*" is to lose much that is pithy, witty, and wise; and if we confess to past ignorance, it is but to assure ourselves that in future we shall keep posted.

JOURNALS AND PAMPHLETS.

The Dental Reporter. An Independent Journal. Devoted to Dental Progress and Improvements. Edited by JNO. T. TOLAND. February, 1859.

The No. before us contains an extended Report of the meeting of the Michigan State Dental Association, and from its contents generally we should say it is one of the most valuable of the Dental journals.

New Surgical Treatment for Malformations of the Urinary Bladder.
By DANIEL AYRES, M. D., LL. D. Brooklyn, N. Y.

The Bane and Antidote. By B. FRANK PALMER, of Philadelphia.

The No. for January has been received, together with a poem read before the Society of the Sons of New England, in Pennsylvania. Mr. PALMER seems to be as much of a genius in the higher walks of literature as he is those of art. Success to him!

An Address to the Graduates of the Ohio College of Dental Surgery,
by W. W. ALLPORT, D. D. S.

An exceedingly well written paper, and worthy the perusal of all dentists who have not a clear idea of what the true *status* of their Profession is.

Editorial Department.

Palmer's Artificial Limbs.

During our connection with the *Medical Independent* we had occasion to speak in terms of deserved praise of PALMER'S artificial leg ; and at that time we also were enabled to state that he had just then completed an invention of an artificial arm which was surprisingly perfect in its action, and also in resemblance to the form and motion of the natural organ.

We have no disposition to consume either time or space in praising the ingenuity manifested by Mr. PALMER : that is, at this time, uncalled for. He is really a public benefactor, and the thousands who need his aid are those, only, who can suitably speak his praise. There is, however, one result of the invention to which we would especially allude : it is the influence that it has exerted upon the place of election in amputation of the leg. Formerly, if any portion of the leg was to be sacrificed, the rule was to make the section as close to the knee joint as practicable, inasmuch as the subcutaneous position of the tibia prevented the formation of a flap, or cushion, sufficiently protective to admit the adjustment of the artificial limb ; but, thanks to the skill of Mr. PALMER, that rule is now expunged, and the conservative element of Surgery, which calls for the utmost salvation, can be universally heeded. The rule is now reversed, and the farthest point possible from the knee joint is the place for the section. Thus, all the

advantages of a natural joint at the knee are saved to the patient.

Below may be found a detailed description of the leg, illustrated by wood cuts :

The articulations of knee, ankle, and toes consist of detached ball-and-socket joints, *A, B, C*. The knee and ankle are articulated by means of the steel bolts, *E, E*, combining with plates of steel firmly riveted to the sides of the leg, *D, D*. To these side plates are immovably fastened the steel bolts, *E, E*. The bolts take bearings in solid wood (properly bushed) across the *entire diameter of the knee and ankle*, being fourfold more reliable and durable than those of the usual construction. All the joints are so constructed that no *two pieces of metal move against each other in the entire limb*. The contact of all broad surfaces is avoided where motion is required, and thus friction is reduced to the *lowest degree possible*. These joints often perform many months without need of oil, or other attention, a desideratum fully appreciated by the wearer.

The Tendo Achillis, or heel tendon, *F*, perfectly imitates the natural one. It is attached to the bridge, *G*, in the thigh, and passing down on the back side of the knee bolt, *E*, is firmly fastened to the heel. It acts through the knee bolt, *on a centre*, when the weight is on the leg, imparting security and firmness to the knee and ankle joints, thus obviating all necessity for *knee-catches*. When the knee bends in taking a step, this tendon vibrates from the knee bolt to the back side of the thigh, *A*, Fig. 2, next page. It descends through the leg, so as to allow the foot to rise above all obstructions, in flexion, and carries the foot down again, in extension of the leg for the next step, so as to take a firm support on the ball of the foot. Nature-like elasticity is thus attained, and all thumping sounds are avoided.

Another tendon, *H*, of great strength and slight elasticity, arrests the motion of the knee, gently, in walking, thus preventing all dis-

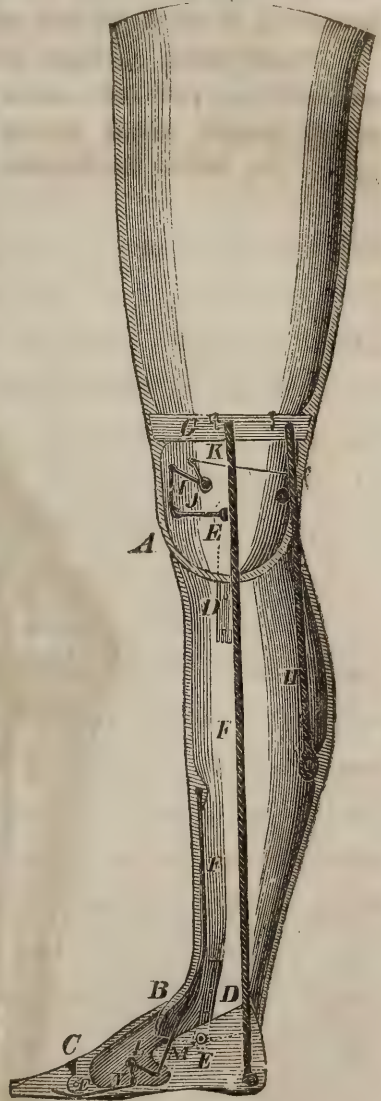


Fig. 1.

agreeable sound and jarring sensation, and giving requisite elasticity to the knee.

A spring, lever, and tendon, *I, J, K*, combining with the knee bolt, give instant extension to the leg when it is semi-flexed to take a step, and admit of perfect flexion in sitting.

A spring and tendons in the foot, *L, M, N*, impart proper and reliable action to the ankle joint and toes. The sole of the foot is made soft, to insure *lightness and elasticity of step*.

The stump receives no weight *on the end*, and is well covered and protected, to avoid friction and excoriation.

These joints, springs, and tendons are all *patented*, and no modification of any part will enable a person successfully to evade the patents, which contain about *twenty distinct and combined claims*, covering nearly the *entire mechanism*.



Fig. 2.

Fig. 3 is a view of PALMER's perfect model Artificial Leg.



Fig. 3.

An artificial arm, that would be something more than ornamental—that would serve useful purposes, and enable the patient to grasp objects with tolerable precision has long been a desideratum. That desired object has at length been realized. The same genius, directing the same persevering effort which produced the incomparable leg, has now achieved a still greater triumph. Mechanical perfection has always challenged our warmest admiration, but when that mechanism is made to supply the place and motions of a

lost human hand, even though imperfectly, admiration gives place to enthusiasm, and, as a surgeon, we respectfully and thankfully salute the genius that mitigates the evils necessarily caused by our reluctant, though limb-sacrificing, catlin.

That our readers may justly comprehend this useful invention we insert the following cuts and description:

Fig. 1, represents an arm to be applied above the elbow. The articulation *A B*, is a ball and socket, connected by the steel plates *C c*, and turning upon the pinion *D*. The functions of the bones in the Fore-arm (Radius and Ulna), are imitated by the conical shaft *E*, which terminates in a ball at the elbow and wrist *J J*. The wrist is articulated with a ball and socket firmly united by catgut tendons *F*, *G*, *H*, tensely drawn over the convexity of the shaft *E* at the elbow. It has every motion of the natural wrist. The hand rotates on the Fore-arm, being susceptible of pronation and supination, or any angle or degree of flexion and extension desirable. The extensor tendons *K*, *L*, *M*, *N*, *O*, acting with the springs 1, 2, 3, 4, 5, open the hand. The detached ball and socket joints of the thumb and fingers are indicated by the figures 1, 2, and 1, 2, 3.

The fingers are articulated on steel rods and pinions imitating the bones, as seen in the thumb and the first and third fingers. The exterior is brought to a perfect imitation of the natural arm (as shown in the outline, or in Fig. 5), by a soft elastic substance, which rotates around the Fore-arm, preserving anatomical symmetry in every position. It is covered with a delicate skin.

Fig. 2, is the same arm extended, with the fingers semi-flexed. The belt *A* attaches the arm to the body. The small belt *C C2*, is connected by a tendon to a clasp and pulley *D*, *E*. The great muscle *F* is the continuity of the flexor tendons *G*, *H*, *I*, *J*, *K*. These tendons pass sinuously over pulleys or fixed sheaves, 1, 2, 3, 4, 5, through the hand, to the end of the fingers and thumb. The principles of the lever and pulley are thus combined, and the *maximum power* retained at all angles of flexion or extension. A slight motion of the shoulders, with extension of the Fore-arm, produces an incredible grasp, as seen in Fig. 3.

An object of any shape, such as a pen, a fork, or an apple is held with facility. By a slight motion of the shoulders the belt *A B* causes the great muscle *F*, and its tendons, to contract *powerfully*, closing the hand. A movement easily and naturally made actuates the tendon *C C2* and fastens the clasp *D* upon the muscle so as to retain the grasp in any position or motion of the arm, when in use. This is regarded as invaluable for holding reins in *driving*, or carrying articles with *safety*.

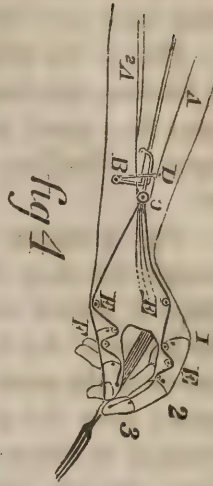


fig 4

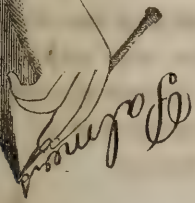


fig 5



fig 3

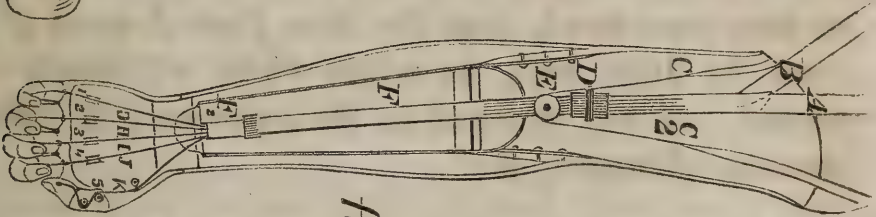


fig 2

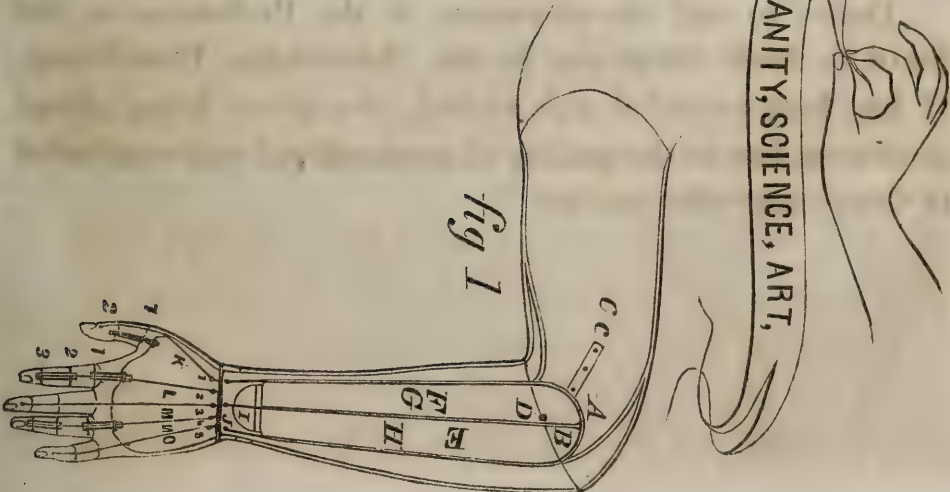


fig 1

HUMANITY, SCIENCE, ART,

An easy counter-motion *unfastens the clasp*, relaxing the flexor muscle and its tendons, and the extensors open the hand. This principle performs most perfectly in an arm applied below the elbow, as in Fig. 3.

Fig. 3. In this are seen the belt *A B C*, the great muscle *F* and its tendons, the clasp and pulley *D, E*, as in Fig. 2. A fixed eyelet, *F2*, clasps the great muscle *F* and thus guides the flexor tendons of the fingers. The line 1, shows the union of the natural with the artificial arm.

Fig. 4 shows a hand holding a fork. The tendon *A A2* passes through the clasp *B*, and around the pulley *C*, to the side of the clasp *D*, where it *fastens* or *unfastens* the clasp, by movements before explained. The joints of the fingers and thumb are flexed upon the fork, by powerful tension of the great muscle and its tendons. The sinuosity of the tendons passing over the pulleys or sheaves, *E, E, E*, shows the new and useful principle of effectually combining the lever and pulley to gain the *utmost power, strength, elasticity and adaptability* to the various uses of an Artificial Arm and Hand. They are easily adjusted by the wearer.

G

Diseases of the Cæcum.

We have repeatedly been inquired of for something upon diseases of the cæcum. The literature of this subject is really meagre, and, as we know of nothing recent, we have reproduced, from the *New York Journal of Medicine*, for July, 1845, an article which will amply repay perusal. It will be found in the department of "*Selected Articles, Abstracts, &c.*"

The Publishers

Desire to call the attention of the Profession in the State to their *Catalogue* in the Advertising Department. It has been extended and revised, the prices being placed at rates as low as the quality of goods offered can be afforded in this or any other market.

Selected Articles, Abstracts, &c.

Cases Illustrative of Diseases of the Cæcum and its Appendix.

By EDSON CARR, M. D.

THE cæcum has manifestly an individuality both of function and disease—having offices to perform in some respects quite peculiar to itself, while it is subject to frequent derangements and fatal diseases, in which no other portion of the digestive apparatus is implicated.

While the former have received far less consideration than their relative importance would seem to demand, the latter can scarcely be said to have a place in our systematic practical works.

A Monograph by Dr. JOHN BURNE, an article in Copeland's Dictionary of Practical Medicine, and the cases which are detailed in DUPUYTREN'S Chemical Lectures, embrace nearly all that has fallen under my notice on this interesting class of affections, with the exception of single cases which occasionally appear scattered through our periodicals.

If we take but a very superficial view of this organ, its situation and capacity, its attachment to the parietes of the abdomen, so confining it that its relative position admits of no change, and the circumstance that its contents are moved forward in opposition to the laws of gravitation, it must be evident that the alimentary substances were designed to remain here longer than in any other portion of the alimentary canal.

These considerations have very naturally suggested the idea that the cæcum constitutes a kind of second stomach.

Again, if we examine a little more carefully into its organization, we find the cæcum liberally furnished with large follicular glands, evidently designed for the abundant secretion of important fluids, while the entire organ, with its appendix, is more richly supplied with arterial blood than any other portion of the intestinal canal. It appears from the experiments of TIEDEMANN and GMELEN, that these follicular glands "secrete an acid, albuminous, and solvent fluid, which mixes with, and promotes the digestion of those portions of aliments which have withstood the action of the stomach and small intestines, or have been insufficiently changed by them." We may also remark that the

contents of the alimentary canal first acquire their peculiar fecal odor in the cæcum. This, according to the researches of the same physiologists, depends upon an oily volatile substance secreted by the mucous follicles. And we think it highly probable that the appendix performs an important part of this work, since, when examined in its natural condition, it is generally found to contain a portion of this material. Indeed, we think it would be difficult to assign a more probable function to this organ; inasmuch as its formation is such as to preclude the idea of the alimentary substances entering it, while the large supply of blood sent to it must plainly bespeak for it a more important office than merely affording a convenient retreat for such unlucky cherry stones and the like, as may chance to escape from their destined course.

It farther appears probable from the experiments of TIEDEMANN and GMELEN, that the cæcum performs the additional function of secreting, "chiefly from its numerous follicles, an unctuous fluid for the protection of the surfaces of the large bowels from the irritating effects of the fecal matters passing along them," and that the constituents both of this and of the other secretions poured out from its surface, consist of elements which require to be eliminated from the blood; so that, in addition to its other functions, it is also a depurating organ.

We may reasonably infer from the foregoing considerations that the cæcum is an important organ, whose functions can neither be suspended nor suffer material derangement, without serious detriment to the animal economy.

My own observations lead me to apprehend that such disturbances occur much more frequently than it has generally been supposed. Such suspension or modified function may result from various causes, as defective nervous stimuli, the unnatural stimulus of crude, undigested food, unhealthy secretions of the prima via, or sympathetic relation with some other organ, in a pathological condition. The following case will perhaps sufficiently illustrate the most simple form of such derangement:

CASE I. MRS. B., now thirty-seven years of age, experienced slight inconvenience early in the summer of 1828, from dyspeptic symptoms, which readily subsided under a regulated diet. From early childhood to that period, she had never suffered from any serious indisposition. She soon lost her ruddy complexion, her usual elasticity and strength began to decline, her lips and tongue became pale, and a general disinclination to physical and mental exertion soon followed. But the more remarkable circumstances manifested in this case, are a slight uneasiness seldom amounting to pain, frequently felt in the region of the cæcum, and ascending colon, attended with an evolution of gas which escapes entirely without odor, while the fecal matters, which

are quite natural in appearance, with the exception of perhaps being slightly softer than common, are generally entirely wanting in fecal odor.

This state of things has continued with but short intervals of interruption for more than sixteen years. During this period she has had a good appetite, with no unnatural thirst, and daily motions of the bowels without the use of medicine. The uterine functions have been uniformly healthy. She has borne four children during the time. Menstruation has never been interrupted except during pregnancy and nursing. It has never varied materially in time, quantity, or quality, and has never been attended with pain or any appreciable constitutional disturbance. She has never suffered from leucorrhœa, or indeed from any other indisposition than the above described.

Several intelligent members of the Profession have been consulted in this case, and the functions of every organ in the body have been faithfully interrogated and carefully watched, and yet no one has been able to form a satisfactory opinion as to the cause of these peculiar phenomena.

The observations of Dr. COPLAND upon the functional derangements of the cæcum, seems to throw some light upon this and similar cases, and make it appear at least probable that these peculiarities depend on such derangement. If the views which are entertained in regard to the functions of the cæcum be correct, there will be no difficulty in coming to such conclusion.

I might here introduce several other cases which would seem to confirm the correctness of the views above presented, but perhaps this may be sufficient to direct the attention of other and more competent inquirers to its investigation.

I will, however, remark, that I had an opportunity, about a year since, of making an examination of a case in which the leading symptoms had for a long time been similar to the one already described. In this instance, death was occasioned by the sudden supervention of acute gastro-enteritis. The lower part of the ilium, the cæcum, and a small part of the ascending colon were found very much hypertrophied, the parietes of the cæcum measuring over two lines in thickness, while the cavity of the appendix was so nearly obliterated as barely to allow the introduction of a small probe.

Dr. COPLAND remarks, that "when the vital energies are weakened and the alimentary canal debilitated, the cæcum often betrays greater disorder than any other part of the digestive system. Its situation and functions will account for the frequency and importance of its diseases. In some cases the irritation produced by morbid or accumulated matters in it are slight, and readily productive of sufficient reaction of its muscular coats to propel them along the colon: in

other instances, the efforts made to accomplish this end, owing to the obstructions occasioned by the lodgment of flatus about the right flexure of the colon, or by irregular spasmodic contractions of this bowel, are ineffectual, and give rise to colicky pains. If the interruption is removed, disorder soon subsides; but if it continues for any considerable time, the more violent forms of colic or ileus supervene."

The two following cases, while they corroborate the foregoing remarks, have some points of peculiar interest as illustrating the fact, that the bowels may be freely evacuated with active cathartic medicine, while substances remain impacted in the cæcum undisturbed.

CASE II. On the 7th Aug., 1835, I visited SAUGER BROCKELBANK, a lad thirteen years old, who had complained for two or three days with colicky pains. He had taken salts, castor oil, and cathartic pills, which had operated well, but without relieving the pain.

I learned that four days previous to this time, he had eaten freely of choke cherries (*prunus virginiana*.) On examining the abdomen, he seized my hand as it approached the right iliac region, exclaiming that it was very sore. Careful examination discovered a distinct circumscribed fullness and hardness over the cæcum. He complained of thirst and headache; pulse eighty-four, and rather hard.

Pres. v. s. $\frac{3}{4}$ xv., calomel ten grs., to follow in three hours, with castor oil. Warm fomentations to the bowels.

8th. His bowels have been freely moved several times. Soreness over the cæcum still continues; pulse ninety-two, v. s. repeated; calomel four grs., with one-eighth gr. morphine to be repeated every six hours. Blister to the seat of the soreness.

9th. Bowels have not been moved since yesterday; pulse ninety-two; tongue slightly coated with white creamy covering; pres. calomel five grs., to be followed with castor oil in four hours. Blister to be dressed with warm poultice of slippery elm.

10th. Soreness rather increased; bowels moved, but slightly; pulse ninety-four, small and quick; pres. calomel and Dover's powder, each three grs. every four hours, and fomentations to the bowels.

11th. Has had two slight motions of the bowels—without faecal odor. Calomel and Dover's powders continued; blister renewed, and to be dressed with slippery elm poultice.

Evening. His bowels have been moved several times during the day; no faecal odor; complains of thirst, tongue heavily coated but not dark; five grs. of Dover's powder every four hours.

12th. Relieved from pain by Dover's powder, but not otherwise improved; calomel and Dover's powders every four hours, blister renewed.

13th. Tongue more thickly coated; pulse ninety-six; small and

quick; pres. calomel five grs., to be followed in three hours with salts and senna, and in three hours the following enema to be administered:

R. Castor oil $\frac{3}{4}$ ij., spts. terebinth $\frac{3}{4}$ j., warm water one pint.

Evening. The bowels have moved freely several times during the day. The evacuations contained what the mother termed "a handful of cherry stones, which had remained so long that they smelt very bad."

From this time the soreness began to subside, and his recovery was rapid and uninterrupted.

Can there be any doubt that in this case, the cherry stones were lodged in the cæcum during the nine days which intervened between the time of eating and discharging them?

CASE III. At 1 A. M., August 17, 1840, I was called to R. B. aged 20. He complained of excruciating pain in the abdomen, with nausea, retching, anxious countenance, features much contracted, pulse 110 quick, small and tense; the whole abdomen extremely painful to the touch. He had been troubled for several days with diarrhœa, attended with occasional griping pains. For the last twenty-four hours, he had felt a dull aching pain in the bowels, which was increased while in the erect posture, and greatly aggravated by any slight jar, as in walking. But the severe pain came on suddenly on rising from his bed just before I was called, at which time he experienced a small chill. I took from the arm thirty-six ounces of blood, gave him fifteen grains of calomel combined with one-half grain of morphine, and hot fomentations were applied to the bowels.

6 A. M. Pain and nausea slightly relieved, but the soreness of the bowels continued. Bleeding repeated to twenty ounces, which occasioned fainting; calomel ten grs. and morphine one-half gr.; fomentations continued, and a mixture of calc. magnesia $\frac{3}{4}$ ij., aromat. syrup of rhubarb. $\frac{3}{4}$ j.; to be given in three hours.

2 P. M. Pulse 127. Soft and compressible pain much relieved. By means of a flexible tube passed into the colon, the following enema was administered: R. Castor oil, $\frac{3}{4}$ ij.; spts. turpentine, $\frac{3}{4}$ i.; warm water, three pints. This passed off in the course of three hours, with some fæcal matter.

9 P. M. Pain much diminished and entirely confined to the right iliac region, where a distinct circumscribed fullness and hardness was perceptible. Calomel, three grs.; morphine, one-fourth gr.; to be given every four hours.

18th, *Morning.* Pain, soreness and swelling over the cæcum, considerably increased; pulse 130, small and quick. An injection of warm water and castor oil produced a small fæcal evacuation, without odor. Calomel and morphine continued; about four oz. of blood was taken from the region of the cæcum by cupping and fomentations to the seat of pain.

2 P. M. Pain somewhat relieved; blister applied to the seat of pain.

9 o'clock, *Evening*. Pain much relieved. Injection repeated, but with slight effect — calomel 3 grs., Dov. powder 4 grs. to be given every four hours. Blister to be dressed with slippery elm poultice.

19th, *Morning*. Rested well; free from pain; pulse 120, soft and compressible. Tongue slightly covered with moist white fur. Mixture of castor oil, $\frac{3}{4}$ j., and an equal quantity of aromatic syrup of rhubarb, to be given directly.

2 P. M. Has had rather a scanty evacuation, tinged with bile, with slight fæcal odor; feels much relieved.

8 o'clock, *Evening*. Pulse 110, soft and compressible; bowels have been freely evacuated; fæcal odor strongly marked. 5 grs. Dov. powders to be given for the night.

20th, *Morning*. Has had a tolerable night's rest; pulse 100 bowels acted freely; complains of soreness, and some deep seated pains in the region of the cæcum. Blister dressed with mercurial ointment.

Evening. Pulse 100; swelling and soreness still continues; camphor and opium pill to be given at bed time. Mercurial dressing continued.

21st. Still complains of dull, deep-seated pain; pulse 100; camphor and opium pill; mercurial dressings continued.

Evening. Pain continues; pulse more full and hard; tongue more coated, with edges very red; colon distended with $\frac{3}{4}$ iv. castor oil, in five pints warm water. This brought away an apple seed, with some flakes of hardened fæcal matter which appeared as if broken from a hard mass. Pres. Dov. powder and cal. āā 5 grs. to be repeated every four hours.

22d, *Morning*. Has had a quiet night; pulse 100; tongue looks better; swelling and soreness much relieved; skin has been in a moist state during most of the night. Has had a large evacuation of offensive fæcal matter, with several hardened lumps in which were found a number of whole unripe blackberries. On inquiry, no fruit of the kind had been taken since the Saturday, a week before his illness.

Evening. Has had several evacuations during the day, with fragments of hardened fæcal matter, containing numerous seeds of blackberry.

From this time he began gradually to recover, although it was several weeks before the soreness and swelling had so far subsided as to allow of his returning to business.

He has since had several slight attacks of pain and soreness in the region of the cæcum, from error in diet, which have readily yielded to prompt treatment.

We may remark that in both of these cases, during the time in which foreign substances remained impacted in the cæcum, although

the bowels had been repeatedly freely acted upon by medicine, there was an almost entire absence of faecal odor in the alvine discharges. I have noticed the same circumstance in several other similar cases, and recognized the re-appearance of the odor, as one of the earliest symptoms of anything like permanent relief.

CASE IV. On the evening of the 29th of August, 1835, I visited Miss ———, a young lady, sixteen years of age. She had suffered from slight headache, for two or three days. Four days previous, while walking in the garden, she had taken several unripe plums, since which time she has had no motion of the bowels. I attributed her headache to this circumstance, and directed castor oil, and aromatic syrup of rhubarb, of each one ounce.

30th. She has had no motion of the bowels: headache continues; Pres. R. Calc. magnesia ʒj.; spts. ammonia aromat., ʒj.; mint water, ʒj.; to be taken directly, and repeated in three hours if required.

Evening. The medicine has had no effect; and the following was ordered: calomel, 8 grs.; com. ext. colocynth, 12 grs.; and should this have no effect, it may be repeated in six hours.

31st. Her medicine has had no effect; complains of pain in the bowels. On examination, I discovered tenderness and slight fullness in the right iliac fossa. V. S. ʒxvj., fomentations to the abdomen, and an enema to be administered directly, and should there be no motion of the bowels in three hours, the following mixture to be given: Castor oil, ʒj., aromatic syrup of rhubarb, ʒss., with the addition of two drops of croton oil.

From this time to the third of September, being ten days from the time she had taken the plums, although all ordinary means had been resorted to, such as bleeding, blistering, warm baths, enemas and active cathartics, no passage of the bowels had been effected.

At the request of Dr. BRISTOL, who was now called in consultation, the croton oil, warm bath, and enema were repeated, but all with no effect.

Sept. 4th. The soreness and pain have increased during the night; tongue loaded with a heavy white coat; pulse 88, quick and small; calomel and Dover's powders, each three grs. every three hours. About noon she experienced a smart chill, which was followed by severe pain and exquisite tenderness, which spread rapidly over the whole abdomen.

Drs. CHENEY and BRISTOL were now called in consultation. The stomach had become so irritable as to reject everything taken into it, and the rectum so sensitive, that enemas by an ordinary syringe could not be retained, and it was proposed to distend the colon freely by means of a long flexible tube. In attempting to pass this into the colon, I met with a difficulty which I had frequently encountered in similar attempts.

When the tube reaches the angle which the intestine makes, in passing over the psoas muscle and common iliac artery, it meets the side of the gut, nearly at a right angle, and after forcing the intestine before it as far as its loose folds at this point will allow, the tube is doubled upon itself, some two or three inches from its point, and broken. That this is the nature of the difficulty, which frequently occurs in passing a flexible tube into the colon, I have satisfied myself by laying open the abdomen of the dead subject, and introducing it with the intestine exposed to view. Indeed, I think it requires especial good luck, as well as dexterous manœuvering, to be able in all cases to pass an elastic gum tube into the colon, although, from the representations of Mr. O'BEIRN and some others, it seems quite otherwise.

In order to satisfy myself whether there was any unnatural obstruction in this case, I took a common rectum sound, and passed it into the colon without difficulty. It now occurred to me that a flexible metallic tube, made in shape similar to the sound, might be introduced without trouble, I accordingly prepared one the size of a large catheter, with an egg-shaped bulb upon the end, pierced with several holes like the tube of the womb-syringe—passed it into the colon, attached it to the tube of the REED'S double valve pump, and gradually distended the colon with a mixture of castor oil $\frac{3}{4}$ iv., spts. turpentine $\frac{3}{4}$ j., and five pints warm water. This soon passed off, and with it a large quantity of dark fæcal matter, containing several balls of black, hardened fæcal matter, about the size and, in appearance, not unlike the black walnut. The evacuations were attended with alarming fainting, but were soon followed by relief from all pain and threatening symptoms.

The three preceding cases, I apprehend, furnish us with examples of the most common causes of acute inflammation of the cæcum, viz.: foreign indigestible substances, or hardened fæcal matter, impacted in the caput coli.

Mr. JOHN BURNE, Physician to the Westminster Hospital, in an article published in the 20th vol. of the *Medico-Chirurgical Transactions*, has given a history of eight very interesting cases of this disease. He tells us he has seen no less than twenty cases, in all of which he has not seen a single example of idiopathic inflammation of the cæcum from the ordinary general causes—exposure to the vicissitudes of weather, &c. “But every instance has been symptomatic of some mechanical exciting cause, as the lodgment of undigested food, of fruit stones or concretions which the structure of the cæcum and appendix favors; and hence the peculiar features of the disease.” It not unfrequently happens that after an attack of acute inflammation of the cæcum, induced by some foreign substance impacted in its cavity, the natural powers of the organ are but slowly regained; hence

it is subject to renewed attacks from any trifling error in the diet, or slight exposure to cold. Such cases often become exceedingly troublesome and difficult to manage. The following is an instance of the liability to a recurrence of this kind:

CASE V. On the evening of June 13th, 1843, Miss E. J. W., aged 17, was seized with pain in the bowels, which was attributed to her having eaten freely of unripe gooseberries during the preceding afternoon. I saw her early on the morning of the 14th. Her countenance was indicative of severe suffering. She had taken a full dose of Gregory's Mixture (magnesia, rhubarb, and ginger), which was rejected. The pain was referred to the umbilical region; pulse 88, full and sharp. Pres. V. S. $\frac{3}{4}$ xx., calomel grs. 10, morphine grs. $\frac{1}{4}$, hot fomentations to the abdomen.

I saw her again in three hours. Her medicine had been retained, although there had been some retching. Pulse 84, pain somewhat abated. Pres. Calomel grs. 5, morphine gr. $\frac{1}{3}$. Fomentations continued.

3 P. M. She complains much less of pain. Skin moist; tongue slightly coated with moist white fur; pulse 84, soft. Pres. Half a Seidlitz powder, to be repeated every hour, in hot water. Fomentations to be continued.

9 P. M. Medicine has been retained, but there has been no motion of the bowels. Slight pain still complained of in the umbilical region. Abdomen soft; moderate pressure occasions no pain except over the cæcum, where there is an evident fullness, quite tender to the touch. Pres. An enema of castor oil and warm water, to be administered directly. Calomel and Dover's powder, each grs. iij., to be given every four hours. Fomentations to be continued.

15th. She has passed a comfortable night; had a slight motion of the bowels soon after the enema, with some dark fæcal matter. The pain has entirely receded to the right iliac foss, where it now remains constant but not severe. Soreness not diminished; the tongue more thickly coated, but white and moist. Pres. Blister over the cæcum; half a Seidlitz powder every hour, and an enema to be repeated every third hour, until free evacuations shall be procured.

Evening. She has had several small evacuations of a greenish fluid, with no solid fæcal matter. Pres. 5 grs. Dover's powder, to be given every three hours. Simple dressing to the blister, over which is to be laid a warm bran poultice.

16th. She has had a quiet night, free from pain. Skin moist. Pres. The following enema, to be administered directly: Castor oil $\frac{3}{4}$ ij., spirits turpentine $\frac{3}{4}$ ij., warm water two pints.

2 P. M. In the course of the forenoon, she had several evacuations of dark fæcal matter in which there were several hard masses con-

taining portions of several partially digested gooseberries. Pres. Half a Seidlitz powder every two hours.

Evening. She has had several evacuations of greenish faecal matter during the afternoon. Pres. 5 grs. Dover's powder.

17th. Convalescent.

On the 8th of June, 1844, a similar attack occurred after eating unripe, or but partially ripened, cherries. Under a similar course of treatment she got relief on the fourth day after the attack, but the soreness and tumefaction subsided much more slowly than in the first instance.

On the 14th of September following she was seized in the same way—but the case proved much more obstinate than in either of the former attacks, yielding to the treatment on the fifteenth day after its commencement.

On the 3d of December, of the same year, she had a recurrence without any known cause, except a bad cold, under which she had been suffering several days. This lasted until the 21st, or eighteen days from its commencement. From this time until the following spring, she was constantly troubled with constipation of the bowels, attended with flatulence, together with more or less tenderness and pain in the cæcum and ascending colon. Her general health suffered materially until the 23d of April, 1845, when she had another attack, attended with more acute inflammatory symptoms than either of the former, involving the peritoneum to considerable extent. This occurred in three or four hours after eating boiled cabbage. By the use of an emetic most of this was thrown off from the stomach, in an undigested state, together with a quantity of green bile. The inflammation subsided, under active treatment, in the course of six days, and the bowels slowly regained their natural powers so far as to be comfortable under a carefully regulated diet, with the occasional use of tonic laxatives.

We occasionally meet with instances in which the vermiform appendix seems to be the principal seat of the primary disease. This is generally occasioned by the accidental intrusion of some small, hard substance into its cavity, which its free communication with the cæcum readily allows; while there is no way of escape but by a retrograde movement. Whether this organ has the power of expelling offending matter in this way or not, it is well known that they sometimes become impacted in this narrow tube, giving rise to irritation and inflammation, which result in perforative ulceration of its coats with most disastrous consequences.

Mr. COPLAND mentions having seen four cases of this description, where the appendix was primarily and chiefly affected, owing to hard substances having escaped into it. All of these cases terminated in general peritonitis and gangrene of the appendix.

It appears from his description of this affection, that in the cases which he has seen, the symptoms from the beginning were more acute than in inflammation of the cæcum itself.

Two well marked instances of this affection have fallen under my observation, one of which was occasioned by the presence of two biliary concretions lodged in the appendix. The symptoms in these cases were less urgent than in those related by him; although the sequel was the same.

CASE VI. This occurred in a young man about 17 years of age, while attending school at the Canandaigua Academy. I first saw him on Tuesday, June 6, 1837. He complained of sickness at the stomach, and pain in the umbilical region. He attributed his illness to the eating of oranges on the previous evening. I gave him calomel and rhubarb, of each 10 grains in powder, and directed hot fomentations to the abdomen.

I called again in four hours. The sickness had subsided and pain somewhat abated; gave him castor oil and aromatic syrup rhubarb each 1 oz.; fomentations to be continued, and a copious enema to be administered in three hours.

7th. The bowels have been freely moved; still complains of pain about the umbilicus. On carefully examining the abdomen, I discovered tenderness on pressure deep in the lower part of the right iliac fossa; no febrile movement has manifested itself.

I applied a blister to the right ilio-inguinal region, and directed calomel and Dover's powders, each 3 grains, to be repeated every four hours.

Evening. Several times during the day he has rejected from the stomach small quantities of greenish watery fluid, which has left a slight stain upon the tongue. The blister has filled well; Dover's powder and calomel to be continued through the night.

8th. Rested well during the night; pulse 76, soft. Skin moist; thin white coat upon the tongue; not dry; no pain, but little soreness; blister looks well. I gave him ten grains of calomel, to be followed in three hours with a draught of infusion of senna and Epsom salt.

Evening. His medicine has operated several times during the day. The evacuations contain a large quantity of faecal matter but without faecal odor. He expresses himself as feeling relieved. Directed Dover's powder for the night.

9th. Had a quiet night. No pain, but some soreness in the right iliac region. Heavy white coat on the tongue; pulse 78, soft, and yielding readily to slight pressure. Has had a small evacuation from the bowels. No faecal odor; blister reapplied. A Seidlitz powder to be given every three hours.

Evening. Bowels have been moved several times, evacuations not examined. Entirely free from pain. I spent more than an hour with

him, in company with some friends, who had called on him. He left his bed and walked to his chair without assistance. Conversed freely, and desired permission to ride to his friends' the next day—a distance of 10 miles—which I advised him to defer for a few days. Every thing seemed quite favorable, excepting a very heavy, white, clammy coat spread entirely over his tongue. A Dover's powder was the only medicine prescribed for the night.

10th. I was called to him very early this morning, and found him in articulo mortis.

On post-mortem examination, assisted by Dr. BRISTOL, there was found in the pelvis about half a pint of purulent matter. The vermiform appendix presented an opening about one inch from its attachment to the cæcum, in which lay a biliary concretion about the size of a common white bean, and nearly of the same shape. On raising the appendix, it separated from the cæcum, and was found in a gangrenous state through its whole extent. About half an inch above the ulcerated opening already mentioned, there was an enlargement of the appendix in which was found another concretion of about the same size and appearance. On carefully cutting open the concretions, they were found to be composed of concentric layers of dense biliary concretion around a common centre of the same material. Marks of recent inflammation were traceable to a great extent, over the peritoneum as well as the small intestines.

The most remarkable feature in this case, is the amount of organic lesion of so obstructive a character, with no more urgent symptoms.

In the other instance of this description of disease to which allusion has been made, the symptoms were more nearly allied to those of strangulated hernia. The appendix was found imbedded in a mass of omentum, greatly hypertrophied, and in a state of ulceration. The cavity of the appendix was nearly obliterated by a thickened condition of its mucous membrane which had assumed a kind of firm, pulpy consistence. Portions of the mucous membrane of the cæcum also presented a similar appearance.

Affections of the appendix are not generally distinguishable from those of the cæcum itself, during the life-time of the patient. We may sometimes suspect them when the seat of the affection is deep in the pelvis, as this organ is frequently found depending in this situation. This was noticed as detailed in Case VI. The soreness was deep-seated in the pelvis, which led to the suspicion that the appendix was the principal seat of the affection. Indeed the opinion was expressed before the post-mortem examination. But the situation of appendix varies so much in different individuals, that even this sign can lead to nothing more than a mere suspicion; nevertheless, this fact is often very important in its practical results.

In the dissections which I have made, I have not discovered much uniformity either in the size or shape of the appendix, or of its place of origin, nor of the direction which it takes on leaving the cæcum. Among my dried preparations, I have one colon of common size, in which the appendix measures six and a half inches in length, and nearly half an inch in diameter; passing off in nearly a straight line from the most depending point of the caput cæci, the extremity of the appendix resting on the floor of the pelvis. I have another colon of equal size, in which the appendix is less than two inches in length, and no thicker than a crow's quill. This has its origin just at the margin of the ilio-cæcal valve, is coiled upon itself, and firmly bound to the cæcum by a fold of peritoneum. In another specimen, the appendix measures four inches in length; has its origin within half an inch of the termination of the ileon, and makes a turn round this intestine, firmly embracing it. I have preserved nine preparations of the cæcum and appendix, all of which vary materially in their form and construction, so that no general description will answer to any two of them.

Dr. BURNE observes, that "The conformation and situation vary much in different individuals—a fact not noticed by anatomists, but which I have found to influence the phenomena and nature of its diseases very considerably. The conformation of the appendix is generally described as flexuous; and its situation as depending into the pelvis; but by some the situation is not noticed, further than that the appendix arises from the cæcum, and is bound down to it on the right by a fold of peritoneum, the meso-appendix; whereas the appendix is more frequently situated on the outer edge of the psoas magnus, on the fascia iliaca, snugly curled up beneath the cæcum, and concealed by it—a fact which I have verified by many dissections, and one of great importance to the pathologist, as will be seen. In the event of a perforative ulceration of the appendix, and a consequent peritonitis or fæcal abscess, the parts involved will differ entirely, according to the situation of appendix. If it should happen to depend into the pelvis, then the pelvic viscera will be implicated; if it should happen to be situated on the iliac fascia, and underneath the cæcum, then the belly of the iliacus internus and the neighboring adipose cellular tissue will be involved, and the course of the abscess be determined accordingly: so important is the relative anatomy of even inconsiderable organs to the physician."

The foregoing cases are selected from eighteen well marked instances of this class of affections which have occurred under my own observation during the last fourteen years. I met with several other examples of this disease during the earlier years of my practice, of which no notes were made at the time. I have also occasionally seen cases in consultation with neighboring physicians, so that abundant evidence is afforded of their frequent occurrence, at least in this section of the country.

They are spoken of by some medical writers as being obscure in their origin, and often difficult of detection. Professor ALBERS, of the University of Bonn, makes the following remark, "That the diagnosis of the diseases of the cæcum is attended with no inconsiderable difficulty appears from the well known circumstance, that very often they have never been suspected to exist during the life of the patient, and have been discovered only on dissection."

Dr. BURNE remarks, that "A practitioner who witnesses one of these cases for the first time, is satisfied it is not a common inflammation of the bowels, although he does not know its exact nature—he says the case is a curious one—he can not make it out."

DUPUYTREN, in speaking of the importance of a correct diagnosis in these affections, says, "I have seen this inflammation give rise to the belief of the existence of internal strangulation, hepatitis, and even peritonitis." That these affections are sometimes mistaken for common inflammation of the bowels, or "Bilious Colic," I am fully aware, having been consulted in four well marked cases, the true nature of which had been entirely misapprehended. One of these terminated in the usual way by resolution—the other three were allowed to pass on to suppuration, one of which terminated fatally, the abscess bursting into the peritoneum. The other two cases opened externally, a little above the crural arch, one of which formed ill-conditioned sinuses which remained open more than a year—and finally recovered.

The causes of failure in diagnosis are probably owing in part to the mildness of the earlier symptoms, which attract but little attention from the patient or physician; but principally to the fact, that the pain attending them is generally described by the patient as a colic, and is frequently referred to the umbilical region, or to the abdomen generally. Indeed it is very rare that the patient directs attention to the seat of the disease.

It is only by a careful examination that the nature and seat of the difficulty are detected. By gentle pressure or percussion over the surface of the abdomen, as you approach the right iliac region, the patient shrinks from you, or perhaps instantly seizes your hand, and betrays surprise at the discovery of such exquisite tenderness.

Hence the importance of carefully examining every part of the abdomen, in these, as well as in all other affections of the abdominal viscera.

If we take into consideration the situation of the cæcum, fixed as it is in the parietes of the abdomen, admitting of no considerable variation in its relative position with regard to the other viscera, it must be evident, that with such an examination the disease under consideration would seldom escape early detection.

The progress of the phenomena as developed in these affections, is thus described by M. DUPUYTREN: "After some error in diet, a

constipation or diarrhoea, of longer or shorter duration, more or less habitual colic; sometimes without any of these causes, the patient suffers from violent colic and pain in the bowels, with a tendency to concentration in the right iliac fossa; it may also extend towards the large intestine, or over the whole abdomen. This colic is generally accompanied by constipation, and sometimes vomiting; such are the symptoms by which we may predict the occurrence of the tumor. They are of very various duration; sometimes lasting for a month or more, sometimes for a few days only."

Dr. HAYS, Editor of the *American Journal of the Medical Sciences* (see Medical Essays, vol. 1, page 81, published by LEA & BLANCHARD, 1841), says: "The disease usually announces itself by certain *precursory symptoms*, as colic, with alternate constipation and diarrhoea, occurring at longer or shorter intervals, and continuing for a greater or less period. After a while the attacks of colic become more severe, and appear to centre in the right iliac fossa; they may also radiate in the direction of the great intestine, or spread over the whole cavity of the abdomen. These pains are usually attended with obstinate constipation, and sometimes with such violent vomitings as to simulate an internal strangulation. In some cases the disease has its origin, is attended with less violent symptoms, and commences with pain in the right iliac fossa. If this region be examined, it will be found more tender to the touch, more resisting, and sometimes to project more than in the natural state. It is frequently possible, by pressing upon the abdominal parietes, to distinguish a circumscribed tumor of variable size, of considerable firmness, more sensible to the touch than any other part of the abdomen, and appearing to rest upon the cæcum; the remainder of the abdomen is soft and indolent. The patient continues at the same time to complain of colic and constipation."

Dr. BURNE, in the papers to which we have already alluded, gives the following graphic description of these affections: "In all the examples of inflammation of the cæcum, which I have witnessed, the development of the symptoms has been in the following order: The first sign is a sense of uneasiness, which soon amounts to an aching pain, deep-seated in the right ilio-inguinal region, arising unexpectedly while the person was in health, and not preceded by rigor or exposure. This pain increases progressively for twelve or twenty-four hours, retains its character, is fixed and constant, never even remitting. Then supervene gradually tenderness, fullness, and tension of the whole ilio-inguinal region; the bowels are constipated and do not reply to medicine, and the patient grows sick and vomits. Some febrile movement now begins to manifest itself; the tongue becomes white and furred; the urine scanty; the appetite is gone; the pulse is frequent, tight, and sharp, with increased volume, but the stroke,

though sharp, is not strong, nor is its impression on the finger decided—it is a pulse of irritation and inflammation combined; the patient lies on the back quite still, slightly inclined to the side affected, and the case presents a serious aspect.”

The above is certainly a faithful delineation of most of the symptoms which are usually manifested in these cases, but these phenomena are most invariably *preceded* by a series of “*precursory symptoms*,” as noticed by Dr. HAYS.

By referring to the cases detailed by Dr. BURNE, it appears that no one of them came under his observation earlier than the fifth day after the attack; a circumstance which fully explains the cause of his having failed to notice the *symptoms*, which usually precede what may be considered as signs, peculiar to these affections.

Instead, therefore, of waiting for the development of local signs, these symptoms should at once awaken our suspicions, and if we are led by them to a careful examination of the abdomen, we may, even before the attention of the patient has been directed to the part, discover a circumscribed fullness, well defined, and quite tender to the touch, situated over the cæcum. It is during the prevalence of these earlier symptoms, that a well directed treatment will often prove most successful.

The course of practice which I have found most successful in these cases, previous to the development of inflammatory action, is a free use of calomel and opium, together with warm fomentations to the abdomen. When the system is fully under the influence of opium—pain and spasmodic action having subsided—an enema of castor oil and spirits of turpentine, in a sufficient quantity of warm water to freely distend the colon, will generally succeed in removing the offending matters. By thus removing the cause of the difficulty, we may often avoid the more serious character of these complaints. If, however, this course proves unsuccessful, and inflammatory action supervene, it must promptly but cautiously be met; and here I can not do better than to commend as worthy of special attention, the following judicious observations of Dr. JAMES JOHNSON. “As the inflammation is the result of a mechanical source of irritation, or, perhaps, obstruction, it is obvious that depletion must not be carried to so great an extent as in idopathic enteritis. Another consideration which should moderate the employment of depletory measures, especially of local or general blood-letting, is the reflection that the patient may have to go through an iliac abscess, and that his powers should be husbanded for its support. The depletion, then, should be cautious; enemata, and such purgatives as the stomach will bear well, should be administered; light poultices and fomentations are to be applied; and about the fifth or sixth day the bowels may begin to act, and the symptoms to subside. Should they not subside, the physician or surgeon must anx-

iously watch for the first appearance of an emphysematous tumor, and make an early incision into it; foetid gas escapes, and the cellular tissue is more or less sloughy, or actually sloughing. The patient must now, of course, be supported, and even stimulated, to the necessity pitch."

There seems to be some difference of opinion among practitioners, as to the propriety of opening these abscesses after suppuration has taken place. M. DUPUYTREN and DANCE recommend leaving them to the efforts of nature, allowing the matter either to make its own way to the surface, or to escape through some of the natural passages; while on the other hand, Drs. HARGRAVE and KENNEDY, of Dublin; Drs. JOHNSON and COPLAND, of London; and Dr. HAYS, of Philadelphia, advise a free opening for the exit of purulent matter, as soon as a tendency to the surface is evident. There can be no doubt that the latter course will be sustained, when experience shall have decided their relative advantages.

We occasionally, in these cases, meet with an exceedingly irritable condition of the rectum. Under these circumstances, an enema, by a common syringe, will not be retained in sufficient quantity to be of much advantage. We may then resort to the use of an elastic tube, passed high up into the colon, as recommended by Dr. O'BEIRN.

I have during the last two years made use of the tube described in connection with Case IV., which I have found in some respects preferable to the common elastic tube. Its advantages consist in its being of sufficient firmness to retain whatever shape or course we may choose to give it, previous to its introduction, while the bulb at its extremity is not liable to be obstructed in its passage by the loose folds of the mucous membrane; we consequently avoid all danger of breaking the tube, or of injuring the coats of the intestine.

In detailing the foregoing cases, I have appended occasional remarks; not, however, for the purpose of offering to the Profession anything new, but rather with the intention of directing the attention of the readers of your Journal to a class of affections which are scarcely noticed in the systematic works which constitute the libraries of most country practitioners; and also of inviting their attention to the articles from which I have drawn so largely in preparing this paper.

[*New York Journal of Medicine, July, 1845.*

The Improvements made to the Operation for Vesico-Vaginal Fistula by American Surgery.Translated by O. D. PALMER, M. D., from the *Gazette Hebdomadaire*.**FIRST ARTICLE.**

IN the course of the month of November past, a young American Surgeon, Dr. BOZEMAN, came to Paris, and had a run through our hospitals. He demonstrated to us, both theoretically and practically, the process which he put in use, in the treatment of Vesico-Vaginal Fistula—a process which has acquired for him in the United States, and even in Europe, a just portion of celebrity. Dr. ROBERTS, having at that time under his care in the “Hôtel Dieu,” a patient twice already operated upon without success, he united with me in praying Dr. BOZEMAN to make still a trial. The process was here submitted to a severe test, for the case was but little favorable. The result was altogether satisfactory.

Assisting at this operation, we have been able to follow attentively the phases. Two things particularly struck us: the great facility of Dr. BOZEMAN, and the perfection of the manual operation in itself. The foreign press, besides, informing us daily of the numerous successes obtained by this method, we have believed it utile to expose to light a surgical progress that does the greatest honor to American practice.

But in taking cognizance of the subject, and in consulting the published works, we saw immediately that Dr. BOZEMAN had been preceded in this path by a certain number of his countrymen, and we encounter, as we make way, questions of priority, discussed, unhappily, with acrimony to be regretted. From thence our plan changed.

It consorts with our personal inclinations, and with the usages of this journal, not to recoil from the exigencies of an impartial criticism, supported by history. To render unto each whatsoever pertains to him, seems to us a duty altogether imperious, and, besides, much more profitable to science than is generally supposed. We resolved, therefore, to throw a comprehensive glance over the whole of that part of American surgery, appertaining to *Vesico-Vaginal Fistula*.

It is in 1839, that, with common accord, the first success, if not obtained, was at least published to the United States by Dr. HAYWARD, of Boston. It is, then, with the works of this surgeon that we will prosecute our inquiries up to the present day, in the meantime attaching ourselves less rigorously to dates, than to scrutiny of the ideas that have been exposed to light; historical criticism having for its object, above all, the exposition of principles. This review is not, perhaps, altogether inopportune. We are, in fact, sufficiently inclined to believe, in France, that no where can we be equaled in surgery. It would be dangerous, as well as unjust, to perpetuate this vain-glorious illusion, for we strive so much the more to maintain the first rank

when we see ourselves threatened with being surpassed; and it is not less important to our dignity, than to the interests of humanity, to recognize the progress we have not known to realize.

I come to the subject.

Dr. HAYWARD, of Boston, has made two publications on *Vesico-Vaginal Fistula*, the one in 1839, the other in 1851. Each contains important ideas. I undertake, then, the examination of the cases.

The first publication, I have said, dates from 1839. The preceding year, the *American Journal* had published the translation of two articles from DIEFFENBACH, inserted in the Berlin *Medicinische Zeitung*, in June and July, 1836. HAYWARD had read these articles, for he cites their author, and quotes from the Berlin surgeon favorable modifications. After some generalities, he gives the following case, of which I make a summary analysis:

CASE. A woman, aged thirty-four years, experienced, at nineteen, a laceration of the *Vesico-Vaginal cloison*, in consequence of a labor of three days duration. Eleven times since that accident, she became pregnant, but never was delivered at term. Cauterizations, the wearing a sound, were employed without success. The opening was situated a little to the left of the median line, at an inch and a quarter from the *meatus urinarius*. It scarcely admitted the point of the finger. Its borders were in a manner cartilaginous.

The operation was performed the 10th May, 1839, in presence of many distinguished associates. Put in position, the parts were well dilated, a large bougie was introduced into the bladder as far as the fistula. By the assistance of this instrument, the walls of the bladder were brought downwards and forwards, so that the opening became very accessible to the view; an assistant maintained the bougie; a rapid incision about the fistula, one line from its borders; ablation of the whole circumference. The walls of the vagina were then separated, from the paries of the bladder, by dissecting around the whole circle of the opening, to the extent of about three lines. This was done *in order, at the same time, to augment the chances of union by opposing a larger surface, and to avoid the passage of the ligatures through the coats of the bladder*. A needle, introduced a third of an inch from the scarified] border through the walls of the vagina, and subjacent cellular membranes, was pushed on through the other lip, so as to pass out about the same distance. Before withdrawing it, two other needles were passed in the same manner, and as they were sufficient to close the orifice, they were drawn out and firmly knotted. The ends were cut, leaving them about three inches long. There was no difficulty in applying the sutures with the hand, for the fistulous opening had been depressed in such a manner as to be very well exposed to view. A short silver catheter, made expressly, was placed in the bladder, the patient was returned to her bed, and placed on her right side, so as to prevent the contact of the urine to the wound.

With the exception of the same smartings, and same annoyance from the catheter, which otherwise performed very well, the effects of the operation were very mild. Regimen: arrowroot, milk, gum-water.

The catheter was taken away the next morning, cleaned, and replaced; light pains, always referred to the instrument; a little sleep, no fever; position and regimen, *ut supra*.

During five days all went well. The catheter was cleaned every day.

Examination—with a speculum. The ligatures held firmly. The wound appeared healed in all its extent; no infiltration into the vagina. The vesico retained the urine, which flowed through the catheter immediately this was introduced. The ligatures were taken away, which was made difficult by fear of rupturing the cicatrix, if the bladder was depressed as during the operation. A small catheter was replaced, and the position in bed preserved. An instrument of a smaller volume relieved the patient much during two days; it was then suppressed entirely. The patient was taught to sound herself every three hours, but two nights later she slept during seven hours, notwithstanding which she experienced, on awaking, no inconvenience. Twice, also, at this epoch, she voided her urine by the simple contractions of the bladder, which had thus recuperated its functions. The catheter, however, was still introduced, but at longer intervals.

Seventeen days after the operation, a new examination. The wound was entirely healed and appeared solid. The patient was engaged to sound herself two or three times per day for several weeks. The next day she returned home by water, a distance of 200 miles.

We have reported the first case of Dr. HAYWARD, because it contains the essential points of his process. We have seen that not only his operation was crowned with success, but also that the consequences were extremely benign. The author attributes the want of grave symptoms to the absence of all traction experienced on the borders of fistula, and also to the fact that the bladder was not included in the parts through which the needles were introduced.

But there are, in this process, principles involved too important to permit a simple mention of the case to suffice, particularly if we are willing to consider the epoch when this note was published (1839). The manual operation for Vesico-Vaginal Fistula, had been then much less studied than in our days; important works which we now possess, had not yet been published, or were not sufficiently disseminated. This is why Dr. HAYWARD ought to be considered a real pioneer (*novateur*) and a successful pioneer.

It may be permitted me to examine separately the culminating points of his operation.

1st. *Coaptation of Large Bleeding or Scarified Surfaces.* This idea pertains to DIEFFENBACH. After having paired perpendicularly the borders of the fistula, to the extent of about a line, he proposed

and executed the separation of the mucous membrane of the vagina from that of the bladder, to the extent of two lines. He succeeded, by this means, in closing, by two operations, a large fistula, in a woman of twenty-eight years. He says, expressly, that this dissecting asunder has for its object the obtaining of a broad surface of re-union. Dr. HAYWARD has been one of the first to comprehend all the import of this precept.

2d. *Passage of the Ligatures exclusively in the Vesico-Vaginal Cloison without wounding the Membranes of the Bladder.*—This important rule has been closely adhered to by Dr. HAYWARD, who attributes to this circumstance, in a great measure, the escape from untoward symptoms in the operation. It is an incontestible fact, that in the ordinary process each end of the ligature penetrating the membranes of the bladder create thereby a passage for the slow infiltration of the urine into the lax cellular tissue, as is well known. Moreover, there has been frequently observed the formation of small fistulas produced entirely by the ligatures, the passage of which they follow. Finally, these same ligatures may be considered as a cause of inflammation, and inflammation being the principal cause of the want of success of sutures, all conspire to prove the value of a process which does not implicate the coats of the bladder.

3d. *Depressing the Vesico-Vaginal Cloison, in order to render the Fistula accessible to view and to Instruments.*—One of the circumstances which has most retarded the progress of the operation which occupies us, is the difficulty of handling instruments at the bottom of a narrow cavity, and of being able to scarify and stitch an opening scarcely visible. This objection disheartened J. L. PETIT. It is found under various forms, in many works on this matter. Even LALLEMAND, himself a surgeon so skilled, recoiled before this means, and it is from these obstacles that cauterization owes the privilege of being extolled and re-invented constantly. We must all admit that the difficulty is great. Dr. HAYWARD has triumphed over it by a very simple process, and from his first trial in 1829.

The patient being placed on the border of a table, in an operating position, and the parts well separated, a large bougie was introduced into the urethra, and pushed back to the fistula. By this means he was enabled to bring the bladder down, and forwards, in such a manner as to expose to view, with facility, the opening. The instrument was confided to an assistant. We may recall to mind that the fistula in the present case was situated but 15 or 16 lines from the *meatus urinarius*, and it is easy to comprehend the mechanism of the manœuvre. The instrument introduced by the urethra, acts as a fixed lever, by raising towards the abdomen the external part; the vesical portion, together with the superior walls of the vagina, are depressed.

In resuming, the first communication of Dr. HAYWARD brought to light, in 1839, two important precepts:

- 1st. The opposition of large bleeding surfaces;
- 2d. The position of the ligature outside the walls of the bladder.

In 1851, Dr. HAYWARD published a second memoir on the Vesico-Vaginal Fistula, inserted in the *Boston Medical and Surgical Journal* (April, 1851). Before passing to the analysis of this interesting work, we ought to consecrate some moments to two other celebrated American surgeons; these also have studied the same subject. I wish to speak of Drs. METTAUER and PANCOAST. Unfortunately, it has been impossible for me to consult their original works; very short extracts have come to my knowledge only, and I have a long time since learned to suspect simple citations, and even succinct analyses.

According to Dr. BOZEMAN, Dr. METTAUER, otherwise known by numerous works on reparative surgery, had attempted the operation for Vesico-Vaginal Fistula, as early as 1830.

Process of Mettauer.—It consists in scarifying the borders of the opening, then to hold them in contact by the interrupted suture, *made with threads of lead*. These threads traverse the whole Vesico-Vaginal cloison, at the distance of an inch from the prepared borders, then, when they have been placed in sufficient quantity, the ends of each pair are twisted together till they produce an exact coaptation of the lips. They are then cut on the outside of the vulva. On the third day this *leaden wire is tightened* by a new torsion, and taken away finally on the tenth day.

Dr. METTAUER has often employed since, the same mode, without much modification, and he has much success.

The first publication of this surgeon was made in 1847, in the *Virginia Medical and Surgical Journal*, which it has been impossible for me to procure. The priority of printing, then, remains to HAYWARD, who, besides, proceeded altogether in a different manner.

I have been equally unable to consult the cases of Dr. PANCOAST, inserted in the *Medical Examiner*, May, 1847. By good fortune, Dr. SIMS has given copious extracts from them.

Process of Dr. Pancoast, of Philadelphia.—The particular character of the operation is in re-uniting solidly the borders of the abnormal opening, on the principle of the tenant and mortise. There are thus placed in contact four bleeding surfaces, which augments the chances of union by the *first intention*. The borders should have a considerable thickness; when they are not in this condition, they should be made thicker by the repeated application of the nitrate of silver, or, better, the actual cautery (*fer rouge*). The parts being as well dilated as possible, with the speculum of CHARRIERE, the mobile valve of which has been removed in the same time that an assistant raises the vestibula toward the pubis, the introduction of the operation consists in splitting the posterior lip to the depth of half an inch. The opposite lip is then paired in shape of a wedge, at first revers-

ing it as much as possible with an obtuse hook, in order to refresh the mucous membrane of the bladder, with the curved scissors and scalpel; then in abrading in turn the membranes of the vagina in the whole lip to the extent of three-fourths of an inch. This is a very difficult part, but a very important part, of the operation. The hemorrhage arrested, it remains to insert the bleeding cuneiform tenant, into which the anterior lip has been converted, into the groove or mortise formed by the posterior lip, and to hold the parts in contact. This is arrived at by means of a particular suture, useful in many plastic operations, and described by the author, in the *American Journal* for October, 1842.

When the suture is knotted, the tenant is included in the mortise; the ligatures are left two weeks or more, till they become lax: elastic catheter left in bladder to prevent it from becoming distended. To moderate the inflammation a bladder of cold water is applied to the vulva during thirty-six hours. The second or third day frequent vaginal injections of a solution of sulphate of zinc, to augment the tone of the parts. On the fourth or fifth, a pencil dipped in a solution of nit. argt. may be passed over the line of union. We may count on an immediate union, to a great extent; where it is wanting, the secondary re-union is provoked by the solid nitrate of silver, which developes a crop of granulations on the budding surface, still held in contact by the plastic suture.

Dr. PANCOAST has cured, by his process, two patients. One case consisted in a complete destruction of one segment of the urethra; the other presented, in the fundus of the bladder, an elongated opening, more than sufficient to admit the point of the finger.

We again recognize the principle of coaptation of excoriated surfaces, carried to its last limits by Dr. PANCOAST in a veritable suture by *schindyllese*. We very well comprehend the efficacy of the operation, which unfortunately, would seem to possess extreme difficulties of execution, and which, besides, is not applicable to all cases.

I have knowledge of an operation very analogous, practiced recently by my excellent colleague, LENOIR, with success. It was a fistula, the posterior borders of which was formed by the *os uteri*. Two operations with ordinary sutures had already miscarried. Dr. LENOIR formed the idea of splitting transversely the anterior lip of the neck, in such a manner as to form a profound groove, in which he enclosed the anterior lip of the fistula. A cure was effected. It is a case which would merit the honor of a detailed publication.

I still remark, in the consecutive treatment instituted by Dr. PANCOAST, the astringent injections, the cauterization with nitrate of silver to the growing cicatrix, and finally, the protracted sojourn of the sutures.

This process, I have no doubt, might be useful still, in certain cases.

AR. VERNEUIL.

Dr. Churchill on Consumption. *

As the medical world is now all agog in discussing the value of the *Hypophosphites* as a remedy in Phthisis, it may be interesting to know what are the views of Dr. CHURCHILL in relation to the medicine as a therapeutic agent. Most persons have frequently heard of Dr. CHURCHILL, though but few have heard *from* him. The following letter, which we get from the *Tribune*, was addressed to Mr. J. WINCHESTER, of this city:

"PARIS, Dec. 17, 1858.

MY DEAR SIR:—* * * * I very much regret my utter inability to send you a copy of my work on Phthisis. The whole edition was sold off in less than six months, and it has now been out of print since February last. * * * I am now engaged upon a second edition, which has been delayed with the hope of my being able to settle the question of the existence or non-existence, in the human economy, of phosphorus in an oxydizable condition. The chemical proof of its existence in such a state I now confidently hope I shall shortly be able to lay before the profession and the chemical world.

Your reply to Mr. GUILFORD's claim of priority is perfectly to the point. The same pretension has been raised here by two different parties, and also by one or two in England; but, in reality, the use of phosphoric acid, in Phthisis, dates as far back as 1789, when it was employed in Germany by J. B. LENTIN. Since then, the phosphates, especially the phosphate of lime, have been used by many practitioners, and among others by Dr. STONE of New Orleans. That all the cases in which they are stated to have proved beneficial are to be rejected, or attributed to error of diagnosis, I am not at all prepared to assert; but think they are to be accounted for in one of the two following ways:

Any mode of treatment which is combined with *rest*, and *improved diet* and living, may prove beneficial by stopping or diminishing the amount of waste of the oxydizable phosphorus. The phosphates may, therefore, have *occasionally* appeared to be of use, just as may have change of climate, homœopathy, or anything else.

Phosphoric acid, as shown by WEIGEL and KING, and later by DELLA JUDDA, frequently contains *phosphorous* acid, an oxydizable compound, and as such could have, in accordance with my hypothesis, a *cervative* effect, owing to its very impurity.

My views, with regard to Phthisis, may be summed up in very few words, and are as follows:

Phthisis is a diathesis or general disease, depending upon the

* From *American Druggists' Circular*, March, 1850.

want or undue waste of the oxydizable phosphorus normally existing in the animal economy. Hence it follows that the remedy consists in supplying the deficient element by the administration of *any preparation* of phosphorus which is at once assimilable and oxydizable. Now, phosphorus itself possesses the latter quality, and has occasionally been used with success; but it has not the first, and is so dangerous a substance, that it has fallen into complete disuse. Phosphoric acid is assimilable, but not oxydizable.

The *Hypophosphites* combine both qualities in the highest degree, being perfectly soluble, and nearly as oxydizable as phosphorus itself; for which latter reason I originally preferred them to the *phosphites*, which are less so.

As to the cause of Consumption, my hypothesis leads also to one or two other consequences of the highest importance in practice, viz.: Although the hypophosphites are the specific remedy of the diathesis, they can not cure, by *their own direct action*, the local diseases which the diathesis may have produced in the lungs or elsewhere, previous to the employment of the remedy. To expect the contrary would be just as reasonable as to think that the water thrown upon a burning building can do the work of the mason or the carpenter.

The repair of such local disorder is brought about by the special energy of the parts affected, and will take place in all cases in which the destruction of the parts involved has not gone beyond a certain *extent*. The *degree* of the disease I hold to be of less moment than the *extent*, and incline to go so far as to look upon Phthisis in the third stage as of a more favorable prognosis than in the second, *all other circumstances being equal*. The prognosis of each individual case will, therefore, depend upon two points—the extent of the existing lesion, and upon the presence or absence of complication.

Another consequence, which is, if possible, of still greater importance than the cure of the disease, is the following:

If consumption depends upon the waste of the oxydizable phosphorus, it follows that the hypophosphites not only have a remedial, but a preservative power. In fact, *they are a complete prophylactic*. Such, I am confident, will prove to be the case; and the time will come, I hope, when Phthisis and Tuberculosis, instead of occupying the first place in the causes of mortality, will, like small-pox at the present day, form a comparatively insignificant item.

My reason for this confidence is not derived from my assurance of the correctness of my general theory, but from the *invariable efficacy* with which I have found them act in all incipient cases, even of the acute kind commonly called galloping consumption.

I am anxious that all these assertions should be verified by the medical profession throughout the world. With them, and them only,

does it rest to establish or to deny their validity. Unfortunately, the past history of our art shows that every discovery in therapeutics has been met with a storm of prejudice and opposition such as finds no parallel except in the records of religious dissension. I might have much to relate on that head in my own case, but prefer leaving such matters in the obscurity to which posterity is sure to consign them.

If, as you say, the people of the United States take an interest in my discovery, the only way in which I should wish them to show it would be by inducing the Medical Profession among you to give my treatment a *fair* and *complete* trial, which, I conceive, can only be done upon the following conditions:

1. That no case shall be considered to have any bearing at all upon the question at issue, unless it be expressly shown that all the conditions which I have laid down as necessary have been complied with.

2. That in each case not only the degree, but also the extent, of the tubercular deposit pre-existing to the treatment shall be recorded, together with the symptoms upon which this diagnosis is founded.

3. That the treatment used shall be the Hypophosphites as I have employed them. I do not consider myself in anywise responsible for the ill success of every crude formula which may be imagined by other practitioners.

As soon as my new edition is through the press, I shall have much pleasure in forwarding you a copy of it, and, meanwhile, I remain

Your very obedient servant,

J. F. CHURCHILL,

17 Boulevard de la Madeleine.

J. WINCHESTER, Esq.

ASH TEA AS A REMEDY FOR THE BITE OF A RATTLESNAKE.

A correspondent of the *Nashville Journal of Medicine and Surgery* affirms that a tea prepared from the bark of the ash is a reliable remedy for the bite of a rattlesnake. He does not give the variety of the ash tree used, nor very definite directions as to its preparation. His treatment, however, is the administration of "about one pint of ash tea, prepared by taking a handful of the inner bark of the ash, adding one quart of water, and boiling down to a pint." About half a gill is to be taken every twenty minutes.

PUERPERAL CONVULSIONS TREATED WITH THE NETTLE.

Dr. WM. HAUSER, of Jefferson County, Ga., mentions in the *Oglethorpe Medical and Surgical Journal*, a case of convulsions a short time prior to labor, in which he employed the cow nettle (the *urtica dioica*),

in the form of infusion. For this purpose he employed the balls of this plant, just then maturing, and it seems with complete success, the relief being almost immediate. The convulsions were very severe, the child, which was delivered a few hours after, being badly crushed. He had previously employed anodynes, antispasmodics, bleeding, &c. It is to be hoped that the call which he makes upon the profession to analyse the plant and ascertain its therapeutic value will not remain unanswered.

COD-LIVER OIL CAKES.

We have examined a specimen of gingerbread made by Messrs. NEWBERRY—each cake containing a spoonful of Cod-Liver Oil. The gingerbread is extremely light and pleasant, the flavor of the oil being completely covered. This seems likely to prove a very useful mode of administering Cod-Liver Oil to children, and to others who are nauseated by the offensive odor and flavor of the oil as generally taken.—*Medical Times.*

PRESERVATION OF SPECIMENS OF DISEASED MEMBRANES.

Dr. ARNOLD, of Savannah, has pursued the following plan with success during three years. The specimen is well washed, and one side is sprinkled with arsenic, but not too thickly. It is then spread on a pane of glass, and its free surface is thickly powdered with arsenic, which is revived when absorbed—the specimen being kept in the shade. When dry it is covered with a coat of white varnish, and when this has dried, by another pane of glass.

PORT WINE ENEMATA.

Dr. H. L. WILLIAMS recommends an enemata of port wine as a substitute for transfusion of blood in cases of post-partum hemorrhage, and records (*British Med. Jour.*, Sept. 4, 1858) a case in which he successfully resorted to it. The patient was in the most alarming state of prostration, pulseless at the wrist, with cold extremities, &c. Dr. W. commenced by administering four ounces of port wine with twenty drops of tincture of opium. The patient speedily manifested signs of improvement. In half an hour he repeated the enemata with marked advantage, and the patient was soon out of danger.

NEURALGIA.

Dr. ALEXANDER WOOD operated at the Infirmary before the members of the British Association, at the late meeting in Edinburgh, on two patients for neuralgia, according to a plan proposed by him.

This consists in injecting under the skin, at the most painful part of the nerve, a few drops of Battley's solution. The patients expressed themselves relieved, and Dr. Wood speaks of the process as the most certain and effective means of curing all forms of neuralgia.

TIEMANN has produced one of the most beautiful specimens of skill, in point of delicate workmanship. It is a small syringe, with steel points, $1\frac{1}{2}$ inches long, and only $\frac{1}{2}$ a line, or the 24th of an inch in diameter. These points are of cast steel, and an orifice is drilled through the whole length, the end is sharpened, and the whole is especially adapted to carry out Dr. Wood's process of injecting anodynes or hæmostatics.

CARBONATE OF AMMONIA IN THE BITES OF POISONOUS REPTILES.

Dr. A. S. PAYNE, of Paris, Fouquier Co., Va., from long experience in the treatment of poisoning by snake bites, spider-bites, etc., has come to the following conclusions:

"1st. That hartshorn is the natural remedy or antidote for the cure of all bites of poisonous reptiles or stings of insects which exert a rapid and depressing influence upon the heart's action.

"2d. That, in my opinion, second to the hartshorn, in remedial virtues, stands an etherealized solution of iodine.

"3d. That the biniodide of mercury has proven itself next most valuable.

"In the fourth place of value I place various plants indigenous to the United States of America."

[*Virginia Med. Jour. and Am. Jour. Phar.*

Pharmaceutical Department.

Propylamin.

This organic alkaloid having recently come into use in Philadelphia, in testing its asserted powers, as a specific in Rheumatism, Prof. PROCTER gives a formula for its preparation. Though it can be prepared artificially, and is found naturally combined with an acid in several plants, yet he recommends, as a most convenient source, herring pickle—the process as follows:

Propylamin is prepared by taking any convenient quantity of herring pickle, obtained from the dealers in salt fish; this is put in a retort or tight still, with sufficient potash to render the liquid strongly alkaline, and the liquid heated. A well refrigerated receiver, containing some distilled water, being attached, heat is applied as long as the distillate has the odor of herrings. This is then saturated with hydrochloric acid, evaporated carefully to dryness, and the dry crystalline mass exhausted with absolute alcohol, which dissolves the propylamin salt and leaves the muriate of ammonia. From the former, the pure propylamin may be obtained in solution by means of hydrate of lime, using strong precautions to refrigerate and condense the vapors, which are actively disengaged almost without heating.

The author further states that Propylamin is a colorless, transparent liquid, with a strong pungent odor that reminds one of ammonia, and quotes Dr. AWENARIUS of St. Petersburg, as follows:

Propylamin, as obtained from the pickle of herrings, codliver oil, ergot, human urine, etc., appears, according to the author, to possess the power of a true specific for the various affections of rheumatic origin. The diagnosis of these diseases being often very obscure, one can succeed by the use of propylamin in bringing to light in a few days the true nature of the malady. The author has treated, by means of this remedy, 250 patients in the hospital of Kaulinkin, at St. Petersburg, between March, 1854, and June, 1856; and besides, it has been employed in outside practice in a considerable number of acute and chronic cases of rheumatism. In acute cases the pain and fever always disappear the next day. The remedy was prescribed in the following manner, viz.:

R. Propylamin gtt. xxv.
Distilled water f. $\frac{3}{4}$ vj. Mix.

and when necessary, add

Oleo saccharum of peppermint 3 ij.

Dose. A tablespoonful every two hours.

It is necessary to carefully ascertain if the medicine is fresh and pure.

Although this remedy has not found its way into commerce, it is to be presumed it will soon be readily obtainable.

Liquor Cinchonæ Hydriodatus, and Liquor Cinchonæ Hydriodatus cum Ferro.

The editors of the *Semi-Monthly Medical News* speak favorably of two new pharmaceutical preparations under the above titles, from their own experience, in common with that of several Physicians of their city, (Louisville, Ky.) They were introduced by Mr. J. C. CHRISTOPHER, in an article upon "Secondary Syphilis," stating that in cases of this disease which resist the ordinary means of treatment, with the use of these preparations all the virtues of Iodine are obtained, without its irritating effects. He affirms that it has, in his hands, effected cures in cases of constitutional syphilis which had failed to be relieved by other forms of Iodine, and that in other hands it had proved valuable in the treatment of scrofula, anemia, and furunculoid tendencies, especially of epidemic form.

In a late number of the "*News*," we find two formulæ, proposed by T. E. JENKINS, Chemist, of Louisville, which we give below.

Liquor Cinchonæ Hydriodatus.

Cinchon. cort. (Calisaya)	1.2288	grs.
Iodine (in fine powder)	1536	"
Water (distilled)	128	oz.
Sulphuretted hydrogen		q. s.

Convert the iodine into hydriodic acid by passing a current of washed sulphuretted hydrogen gas into sixteen ounces of water, through which the iodine, in powder, is gradually mixed; after the whole of the iodine has been converted into hydriodic acid, and the watery solution has become white, filter the solution and heat the filtered liquor until the excess of sulphuretted hydrogen is entirely driven off, the resulting liquid, which should be colorless and transparent, is a solution of hydriodic acid.

With one-half this solution of hydriodic acid, and as much water as may be necessary, thoroughly moisten the cinchona bark, in moderately fine powder; allow the mixture to stand for twenty-four hours; then transfer the mixture to a percolator, and, by the process of displacement, exhaust the bark with a mixture of the remaining half of the solution of the hydriodic acid and the water. The last portion should be displaced by pure water. If the resulting fluid measure over 128 fluid ounces, it should be reduced to that quantity by gentle evaporation; if less, the percolation may be continued with water until the proper measure be obtained.

Each teaspoonful of this preparation contains the active principles of 12 grains of the best variety of Peruvian bark and $1\frac{1}{2}$ grains of iodine in the form of hydriodic acid, all in perfect solution, and entirely compatible with ferruginous compounds.

Liquor Cinchonæ Hydriodatus cum Ferro.

Liquor cinchonæ hydriodatus may be mixed with solutions of salts of iron without producing the ordinary effects of incompatibility which follow the admixture of ferruginous compounds with the officinal preparations

of bark. The following formula will yield a handsome and stable combination of liquor cinchonæ hydriodatus with iron. Take of

Cinchona bark (Calisaya)	1.2288 grs.
Iodine	1536 "
Water	128 oz.
Sulphuretted hydrogen	q. s.
Iron wire	q. s.

Convert 512 grains of the iodine into hydriodic acid, and with it exhaust, by percolation, the bark, precisely as in the process for making "Liquor Cinchonæ Hydriodatus." While the exhaustion of the bark is going on, combine the remainder of the iodine (1024 grs.), with the iron to form a solution of iodide of iron, as described under the head of iodide of iron, in the United States Pharmacopœia; when the whole of the liquid has passed from the bark, filter into it the solution of iodide of iron, and reduce the resulting liquid to 128 fluid ounces.

This preparation contains in each teaspoonful the active principles of 12 grs. of Peruvian bark, $\frac{1}{2}$ gr. of iodine in the form of hydriodic acid, and 1 1-5 grs. iodide of iron.

In both the *Liquor Cinchonæ Hydriodatus* and the *Liquor Cinchonæ Hydriodatus cum Ferro*, the hydriodic acid is combined, and forms hydriodates with the bases in the bark.

Cod Liver Oil Jelly.

Mr. T. E. JENKINS proposes the following:

R. Gelatin (pure and white)	℥ 1
Water	
Syrup (āā)	℥ 8
Cod Liver Oil	℥ 16
Oil Lemon	1 drop, or q. s.

Dissolve the gelatin in the water by the aid of a gentle heat, add the syrup, and then incorporate the oil by thoroughly beating the ingredients together, lastly add the oil of lemons or some other aromatic essence to suit the taste, and mix well together. When the mixture is nearly cold pour it into wide mouth bottles. Dose from one to two tablespoonfuls three times a day, after meals.

[Semi-Monthly Medical News.]

Muriate of Ammonia.

Quite recently this substance has excited some interest in the Medical world, on account of its asserted curative power over several forms of Neuralgia; and we present to our readers some abstracts from a paper upon the therapeutical uses of Muriate of Ammonia, written by Dr. M. J. RAE, for the *London Lancet* (Feb. 1859). He says:

I have prescribed it pretty extensively, in various diseases, for the last eight years in private and for the last four years in dispensary practice, and with satisfactory results. The hydrochlorate of ammonia, besides being liquifacient and resolvent, as mentioned by SUNDELIN, WIBMER, and others, appears also to possess considerable neurotic action, as is shown by its curative power in neuralgia and other nervous disorders. Its remedial influence is often so rapidly manifested in these

affections as to preclude the idea of the effect being owing to any alterative or solvent action; it seems more rational to refer it to a direct or peculiar influence of the salt on the nerves or their centres.

I have used the salt with marked success in goître, and am not aware of its ever having been tried before in the treatment of that deformity. In several cases where the local application of the muriate was conjoined with its internal administration, the tumors—some of which were very large—rapidly diminished in size, and were soon reduced to the normal condition. It cured the whole of the cases (ten in number) in which it was tried, the period of cure extending from a fortnight to two months. The subjects of treatment were mostly factory girls, of ages varying from fourteen to twenty. To test the powers of the muriate fairly, it was given alone in mucilage, or infusion of quassia, and combined with soap liniment for external use.

As goître, from some unknown cause, prevailed here last year to a considerable extent, opportunities were thus afforded of contrasting the curative power of the muriate with iodine in this affection. Cases were selected where the tumors were nearly all of equal size and duration, and where the age, temperament, general health, and sanitary condition of the individuals corresponded as nearly as possible; and in the cases treated with the muriate, which was used both internally and locally, the tumors generally yielded as readily, and sometimes more quickly, than in those subjected to the trial with iodine similarly employed, and apparently quite as permanently. The muriate appears to be a safe and efficient substitute for iodine in the cure of bronchocele, and worthy of further trial. The hydrochlorate of ammonia is also a valuable remedy in whooping-cough. I was first led to make trial of it in the treatment of pertussis, from a belief that if the disorder was dependent—as it is considered to be by some pathologists—on an enlarged or morbid condition of the lymphatic glands, or that the exciting cause of the paroxysm was owing, as is very probable, to the presence of irritating glairy mucus in the bronchial passages, the muriate, on account of its alterative power in glandular enlargements and diseased mucous structures, and its effect in promoting the healthy secretion of the mucous membrane in cases of bronchitis, accompanied with the discharge of tenacious, glairy mucous, ought to prove an excellent remedy in the treatment of that often troublesome affection. The result was most satisfactory. It was tried in thirty-seven cases, ten of which were private patients, and the rest home patients at the dispensary, which were, for most part, under the charge of Mr. LANGSFORD, house-surgeon to the institution, to whom I am indebted for the efficient carrying out of the treatment, and for a report of the cases. Of the number, two died—two were doubtful cases, the patients having been removed from town before the cure was completed. In the thirty-three remaining cases, the majority of which were of more than ordinary severity, the average period of cure was about twenty days. But, in most instances, where the patient was at all favorably placed, and came early under treatment, the disorder yielded in from nine to fifteen days.

The remedial influence of the muriate in the disorder is immediate and decided. Under its use the expectoration soon loses its irritating glairy character, becoming bland and less tenacious, and the paroxysms are rendered milder, less frequent, and of shorter duration; in fact, by its influence the little patient seems to be carried more easily, quickly, if not at the same time more safely, through the attack than by the agency of any other remedy with which I am acquainted. In

most cases the muriate was given in mucilage, or with liquorice water, combined with an aromatic, and in doses of one to five grains, according to the ages of the child, and repeated every four or six hours.

When pneumonic or bronchial complications existed, or were threatened, antimonial or ippecacuanha, with morphia or hyoscyamus, were added to the ordinary mixture. The only inconvenience observed to result from the use of the muriate was the occasional supervention of a slight mucous diarrhoea, which was easily checked, and did not interfere with the treatment.

I can confirm the favorable opinion of other observers as to the efficacy of the muriate in enlarged lymphatic glands, and in indolent bubo, and can confidently recommend it in scrofulous ulceration of the lymphatic glands. There are few more intractable cases to be met with in dispensary practice than those of extensive ulceration of the cervical lymphatic glands, which frequently occur in weak, under-fed, and badly-lodged children. In several aggravated cases of this sort which have come under my own observation, some of which presented a chain of foul, ragged ulceration extending from ear to ear, the muriate acted with great rapidity; and in some instances, where iodine, syrup of iodide of iron, and other medicines, had no effect, the ulcerations quickly healed under its employment.

It is also a very excellent remedy in many forms of cutaneous affections, more especially in the scaly variety. I have seen cases of psoriasis inveterata which had resisted the long continued use of arsenic, iodine, and other remedies, quickly yield to its influence. It seemed to me to have the most decided effects in those cases of psoriasis occurring in patients of dissipated habits, or when complicated with enlarged liver. It is also very useful in eczema and syphilitic squamæ. Drs. WATSON, EBDEN, and others, recommend the muriate in tic and facial neuralgia, and it certainly possesses very considerable curative power over these painful affections, and particularly over that form of neuralgia mentioned by Dr. WATSON, which is confined chiefly to the lower part of the face, and in a very troublesome variety affecting one or other side of the neck, and probably connected with a morbid condition of the cervical lymphatic glands.

The muriate, like other remedies in neuralgia, does not succeed in every case; but in those cases in which it proves successful, the beneficial effect generally follows soon after its administration. In my hands the best results were obtained with it in neuralgia when it was given in the ordinary dose, and repeated every half hour or hour.

Never having occasion to prescribe the salt in the large doses recommended by some authorities, I have not observed any irritant or injurious effects on the stomach, intestines, or other organs, to follow its employment. When given to adults, in from five grain to scruple doses, in mucilage or bitter infusion, with aromatics and anodynes, it may be continued for a considerable time without producing any unpleasant results. The ordinary dose to adults was from five to ten grains three or four times daily. It was seldom necessary to increase the dose beyond the latter quantity.

Iron reduced by Carbon;

A new preparation, introduced by a German Pharmacien — M. A. HENRY, of Giromans (Upper Rhine). It consists of an intimate mixture of metallic iron and carbon, obtained by calcining the pyrolignite of iron. It is in the form of a light, porous, impalpable, non-pyrophoric carbon, of which the composition is uniform when the operation has been properly conducted.

The great tenuity and slight density of this carboferric powder renders easy its suspension in liquids, to the bottom of which it does not precipitate like iron reduced by hydrogen. The presence of a notable quantity of charcoal has the advantage of rendering the product more spongy, more absorbent, of facilitating thus the contact of the ferrugineous particles with the liquids of the stomach, and of preventing by a special action, analogous to that of the charcoal of Belloc, the eructations of the stomach produced by preparations of iron.

The clinical trials made by Dr. BENOIT, cantonal-physician at Giromans, goes to confirm the efficacy of this new product, which M. HENRY had rationally foreseen from its chemical composition. The following are the conclusions to which this operator has been led.

Iron reduced by carbon, in the dose of $1\frac{1}{2}$ to 2 grains, three times a day, has all the efficacy of the best preparations of iron. Perfectly suspended it has never caused constipation nor dyspeptic exacerbations which so often follow the use of the soluble preparations of iron, and it possesses, nevertheless, an activity much greater than the insoluble preparations, which are frequently resorted to at first. The mean duration of 43 cases of chlorosis was two days and the mean quantity of the medicine administered was 11 grammes 168 grains. The efficacy of this product, its easy preparation, and moderate price, recommends it to practitioners, especially in medicines for the poor.

[*Am. Journal Phar. from. Gaz. Med. de Strassbourg.*]

ON THE EXTERNAL USE OF HYDROCHLORIC ACID.

In the course of some investigations made with reference to the physiology and pathology of the skin, Prof. KLETPINSKY found that, among all the agents subjected to the test, none was as efficient in exciting the respiratory function of the skin, accelerating the capillary circulation, and influencing the action of the lymphatic and glandular system, as hydrochloric acid. Skin moistened with hydrochloric acid expired, under the same circumstances, twenty-seven to thirty per cent. more of carbonic acid, and, what is very remarkable, seven to twelve per cent. less of water, than an equal space of skin not subjected to the influence of the acid. This fact induced the author to apply the acid in a great number and variety of cases, in order to test its therapeutical efficacy. He obtained the following results:

1. Hydrochloric acid restores and stimulates the circulation if periodically interrupted or stagnating; it thus cures frost-bite and chilblain, and is an efficient prophylactic against these complaints.

2. The acid diminishes the troublesome perspiration of the hands and feet, and cures it in some cases completely, if the application is continued long enough.

3. It is an efficient remedy in a great variety of cutaneous diseases, particularly in follicular acne; by rendering the metamorphosis of tissues more active, it destroys, if steadily used, many maculæ and exudative patches of the skin.

4. It does not injure the integrity of the epidermis, if properly applied, but diminishes its roughness and callosities; like a true cosmetic, it renders the skin pliable and soft, increasing at the same time its density, and making it consequently, more resistant to obnoxious influences.

The hydrochloric acid, which must be free from admixture of iron or chlorine, is best applied in as concentrated a condition as can be

borne, without its giving rise to burning; commonly, a more concentrated acid can soon be made use of, even if it was inapplicable at the beginning of the treatment. The skin is moistened with the acid, (which was used by the author in many cases even in its fuming state,) and is washed off after a quarter of a minute, at first with water and then with soap. It is easily understood, that the hands bear most easily the concentrated acid, the feet (especially the toes) less, the forehead the least; on all sensitive places of the skin the acid must be applied more diluted and for a shorter time. It is an excellent plan to mix the hydrochloric acid with glycerin, the therapeutical action of which on the skin is hardly enough appreciated, and which in this case renders a longer application of the acid, even to a sensitive skin, practicable.

[*Oesterreichische Zeitschrift für Praktische Heilkunde*, No. xii., from *North American Medico-Chirurgical Review*.

MERCURIAL OINTMENT.

M. COLDEFÜER, a chemist of Geneva, describes a new method of making mercurial ointment, discovered by him accidentally during the progress of some investigations upon ozone. It seems that tallow becomes ozonized in the presence of an atmosphere of that gas, and when in that condition, by simply mechanical action, rapidly absorbs mercury. The process for preparing the ointment is as follows: put into a large porcelain capsule sixteen ounces of lard, perforated with holes, so as to increase the extent of surface, and place half an ounce of phosphorus in a vessel suspended on a thread above the lard; cover the whole with a glass receiver, and at the end of a fortnight ozonization is complete. This lard so prepared is introduced into a wide-mouthed bottle, and melted on a sand bath at a temperature of 194° F. Four ounces of mercury are now gently heated and rapidly poured into the lard; the vessel is then briskly agitated for some minutes, and the operation is terminated by quickly plunging the vessel in cold water.

[*New Orleans Medical and Surgical Journal* May, 1858.

ULMUS FULVA.

The *Ulmus fulva* is found very generally throughout the middle and south of Lower Peninsula. Hundreds of tons of the valuable inner bark of this tree are collected and sent east every year from our State.

The following is a statement of the manner of curing, etc., this bark, as related by a person who makes it a livelihood: The Indian name in Michigan is Sharscope; time to commence collecting is 15th of May, continuing about six weeks. Best way to dry the bark is to nail up the large pieces in a room heated by a stove, or else in the direct sun-light. Must be kept from rains and dew. Requires about three days to thoroughly dry, in favorable circumstances. The larger trees afford the most brittle and thick white bark, which, if white, brings the highest price, but which is not best for medicinal use, as the tough, stringy, thin bark affords the best and most mucilage. About half the weight of the green bark is wasted in drying. The Indians are usually paid one cent per pound for collecting the green bark, and the price of the bark when brought into market varies from five to ten dollars per cwt. In grinding the tough bark, it yields two-thirds of its weight of superfine flour, and the balance is coarse ligneous powder, suitable for cataplasms.

I believe that considerable slippery elm bark is exported. F. S.

CHICAGO CORRESPONDENCE.

A NEW Medical College has just been established here. The Trustees of Lind University, being desirous of founding a Medical Department in their institution, proposed such advantageous terms as enabled several medical gentlemen of this city to organize at once the institution. These gentlemen had long been desirous of improving the means of Medical Education, and they seized upon this opportunity to establish a school upon a new basis, and, as they believe, upon a plan far superior to that of most of the older colleges. The faculty consists of Profs. DAVIS, F. ANDREWS, JOHNSON, BYFORD, RUTTER (Emeritus), ISHAM, HOLLISTER, and MAHLA. Two chairs are yet unfilled.

Profs. DAVIS, JOHNSON and BYFORD, lately occupied chairs in Rush Medical College. Prof. ANDREWS formerly held a chair in Michigan University. Prof. RUTTER (Emeritus), is the gentleman mentioned so favorably in MEIGS' writings.

As intimated above, the plan of the College is different from that of most others now existing in our country. In the first place, the students are to be divided into Junior and Senior classes. The Junior class will listen to lectures upon the elementary branches only; such as Anatomy, Physiology, etc. They will have only four lectures each day, and be subjected to daily examinations on the previous day's topics; in these respects adopting the excellent practice of the University of Michigan. At the close of the session, the Juniors will be examined upon their Junior studies, and, if found worthy, passed to Senior grade.

At the same time that the Juniors are listening to lectures upon the elementary department, the Seniors will be attending lectures upon the practical branches; such as Practice, Surgery, Obstetrics, etc., the number of Professors being so increased above the usual number as to enable them to carry on both classes simultaneously.

The following scheme represents the curriculum of study:

<i>Junior Lectures.</i>	<i>Senior Lectures.</i>
Descriptive Anatomy.	Theory and Practice, and Clinical
Physiology.	Medicine.
Pathology and Public Hygiene.	Surgery and Surgery Clinic.
Materia Medica and Therapeutics.	Obstetrics.
Inorganic Chemistry.	Surgical Anatomy and operation of
Practical Anatomy.	Surgery (shown on dead subjects).

Medical Jurisprudence is not definitely provided for yet, but will probably be assigned to some legal gentleman.

The Chairs will be filled as follows:

Practice, by Prof. DAVIS.

Physiology, by Prof. JOHNSON.

<i>Surgery</i> , by Prof. ANDREWS.	<i>Pathology</i> (not filled).
<i>Surgical Anatomy</i> , by Prof. ISHAM.	<i>Descriptive Anatomy</i> , by Prof. HOL-
<i>Obstetrics</i> , by Profs. RUTTER (Emer-	LISTER.
itus), and BYFORD.	<i>Materia Medica</i> (not filled).
<i>Chemistry</i> , by Prof. MAHLA.	<i>Practical Anatomy</i> (not filled).

The vacant Chairs will be provided for shortly.

It is proposed to make the course some four weeks longer than that of the old college, bringing up the standard in that respect to a level with the best Philadelphia schools. It is believed that the division into Junior and Senior courses will give opportunity for greater thoroughness, and enable the Faculty to stop lazy and stupid men for the most part at the beginning of the Senior course, thus avoiding the inconvenience and mortification suffered by the poor fellows who otherwise would only learn their fate by a rejection at the very end of a three years' course. It enables each man also to concentrate his attention upon fewer studies at a time.

Rush Medical College proposes to fill up its vacated Chairs, and go on as usual. Prof. BRAINARD has purchased the *Medical Journal* from Prof. DAVIS, with the view of retaining it as the organ of the old school.

The health of the city is much as usual, but the type of the diseases is not as sthenic as it was six months ago.

Several of our physicians are starting for Pike's Peak.

There is a movement to put the City Hospital in operation. The Homœopaths don't show themselves this time in the matter.

A new medical society has been formed, called the Academy of Medicine, mostly of members from the old organization. X.



AMERICAN MEDICAL ASSOCIATION.

THE twelfth annual meeting of this Association will be held in Louisville, Kentucky, on Monday, May 3d, 1859. The secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the Secretary, S. M. BEMISS, at Louisville, correct lists of their delegations so soon as they may be appointed.


The Convention of Teachers, invoked by a resolution of the National Association, for the purpose of a general conference upon the best means of elevating the standard of

Medical Education in this country, will meet in the same city on Monday, the 2d of April.

Medical journals throughout the United States are requested to insert the above.

S. M. BEMISS, M. D.

Secretary American Medical Association.

 It may be proper to announce that one of our number, Prof. PALMER, is about to embark for Europe to spend some eight months, on a tour principally for professional observation, and that we expect from him regular contributions during his absence. He hopes to visit many of the places most interesting to Medical men, both on the Continent and in Great Britain, and, as he may find time, will furnish our readers with some of the results of his observations of men and things.

Our promises of contributions from various sources are encouraging, and on the whole our literary resources have never appeared so abundant as at present.

Arrangements have been made for supplying brief abstracts from the whole range of our Periodical Literature, and efforts will not be wanting to render the *Journal* more interesting in the future than during the past.

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Original Communications.

ART. VII.—Address to the Graduating Class of University of Michigan.*

BY RICHARD INGLIS, M. D.

IN Ancient Greece, the students of Medicine in the temple of the Asclepiades advanced by gradations similar to other associations, whether of Religion, Art, Philosophy, or Politics. They were required to pass the mysteries of the orders, and receive the degrees indicative of the different stages of progress—the preparatory, the theoretical or study of abstract principles, the practical, and, lastly, of ability to practice and teach. Apart from these mysteries and religious ceremonies, the course of instruction in those ancient schools seems to have differed but little from the most approved systems of the present day. The ceremony of the first degree, called Purification, was performed upon those students who had fitted themselves to enter upon the

*Published by request of the Graduating Class.

study of Medicine. They were required to possess a natural disposition and a favorable position for study, early tuition, and love of labor. The next degree was Illumination; and the duties which preceded this ceremony correspond with the practice in our own colleges of listening to the prelections of Professors, in connection with the study of authors. The next grade was Inspection, and corresponds with our system of requiring the students to become familiar with the treatment of diseases under the instruction of preceptors, and in a clinical course. The next ceremony was Coronation, which took place at the completion of the term of study, and was an evidence of the recipient's fitness for assuming the duties of his profession, and corresponds with the present ceremony of Graduation. Indeed, the practice of placing a wreath, cap, or crown, upon the heads of those who were admitted into full fellowship at those ancient schools, was continued down to the period of the middle ages. In some of the Universities of Europe, the occasion of conferring degrees is still called *crowning* or *capping day*, from the practice of placing a cap upon the head of the graduate. This may also explain the fact, that while the statues of the ancients usually represent the head uncovered, the head of HIPPOCRATES is seen covered with a crown.

GENTLEMEN GRADUATES, on this, the day of your Coronation, I congratulate you upon the honorable distinctions conferred upon you. May the laurels with which you have to-day been crowned never fade, but prove to be the adorning of real merit, of genuine acquirements, and earnest devotion of mind and heart to a noble, useful, and heaven-honored aim! May the wreaths which now encircle your heads be ever fresh; acquiring new beauty, as you wear them well, and new splendor, as you prove by your lives that they were not misplaced; may their beauty be but changed to brilliancy as you pursue the

journey of life, and the adorning become more dazzling as your learning and usefulness steadily increase, and your aims daily become more exalted.

You have to-day emerged from the outer temple of *ÆSCULAPIUS*, and gladly I meet you on the threshold of the inner court, to bid you welcome as priests of that temple over whose portals is inscribed, "FOR THE HEALING OF THE SICK." Welcome to share the toil and labor, the self-denial and hardships of our vocation! Welcome to days and nights of anxious regard for the welfare of your race, and of labor and study for the advancement of your Profession! But welcome, also, to the honor and privileges, the pleasures and recompenses, of a useful, respected, and honorable calling.

Gentlemen, the position you have taken to-day is one of high honor, is fraught with most important results, and demands of you the most careful guardianship, as it has reference to responsibilities and engagements affecting the welfare of your fellow-men. Your title is no empty bauble; these are not tinsel crowns that have been placed on your heads. You have earned the honors conferred on you by years of earnest study and hard head-work. And now, I know, that with glad hearts and good hopes—with the fire and energy of youth in your veins—with the honor of your Profession on your shoulders, and devotion to the welfare of your race in your hearts—with the hopes of parents and friends, the earnest well-wishes of your Professors, and the prayers of Christians in your behalf, to encourage you,—you stand ready for the work and the battle of actual life. Remember that the MICHIGAN UNIVERSITY has, this day, trusted you as standard-bearers of her honor, and she expects every man so honored to do his duty. Emulate the zeal, cultivate the virtues, and endeavor to avoid the errors, of the great and good men who have adorned our Profession, both in ancient and modern times,

—men who never forgot the great aim of their lives, devotion to the cause of suffering humanity, and who, with a rare unselfishness, heaped up stores of experience and observation, not to make a miser's hoard for self-gratification, but to furnish their followers with ever-enlarging supplies of useful knowledge.

The origin of Medical Practice, or the use of remedial agents, may be sufficiently accounted for by the promptings of human sagacity, seeking relief from present suffering. It is reasonable to suppose that, in some form or other, the practice of Medicine, or the application of knowledge to the relief of abnormal conditions of the human system, was attempted during the earliest period of the world. Says LE CLERC: "Le premier homme a été en un certain sens le premier Médecin."

When Man's nature was changed from the Divine image in which he was created, the sentence was passed upon him, "Dying, thou shalt die"; but though now subject to pain and sickness, he was still permitted by his benevolent Creator to use the powers of his mind for the alleviation of his suffering. He would, naturally, seek for the balm that would heal, as well as for the fruit which would nourish, his frail body, and, although fallen from the high estate in which he was created, we can not imagine him to be fallen so low as to keep, as a secret in his own bosom, any discovery which he made fraught with blessing to the afflicted. No, this is a depth of baseness and inhumanity reserved for a later day! Every new discovery would be carefully handed down to succeeding generations, until, when men had "increased exceedingly on the earth," and the different avocations of life were instituted, the knowledge of remedies and their application, became the office of particular individuals; and so, a class of Physicians arose.

However it may have been among the antediluvians,

we have ample evidence of the existence of this class, at an early period of the world's present history. Probably amongst the Egyptians the earliest progress was made, in this as in other branches of learning. The Egyptian physicians were an order of Priests. The people were superstitious, and it was natural that they should look to the ministers of religion for relief from diseases which they believed to be the direct manifestation of the displeasure of their gods. Amongst the Jews, also, we have evidence that, at an early period of their national existence, the office of physician was established. In the apocryphal book of Ecclesiasticus (supposed to have been written by King SOLOMON) is to be found the passage, "Honor a physician with the honor due unto him, for the Lord hath created him, for of the Most High cometh healing, and he shall receive honor of the king."

But it is to Greece that we must look for the origin of the rational and scientific practice of Medicine, and for the line in which we trace our descent. Amongst the Greeks, instruction on the subject of Medicine was communicated in the schools of Philosophy and the Gymnasia, as well as in the temples of ÆSCULAPIUS. A knowledge of medicine was a necessary part of every true scholar's education. The writings of PLATO and ARISTOTLE abound with allusions to our art, and, although not practitioners, they were well versed in its principles. But as Dr. WATSON remarks, "The temples of ÆSCULAPIUS were the first great foundations of medical knowledge amongst the Greeks." In them were found a sacred order of men, whose whole lives were devoted to the practice and teaching of the healing art. Those temples, apart from the sacred rites and religious honors paid to ÆSCULAPIUS, HYGEIA, and other divinities, resembled, in many respects, the hospitals of the present day. They were very numerous throughout the Grecian States. They

were the residences of the Asclepiades, or Priest Physicians, where they reared their families and trained their sons, and were resorted to by the afflicted and suffering for relief. Along the walls were suspended votive tablets, recording the history and treatment of particular cases of disease. The situations chosen for them were well adapted to promote the health of the sick. Says Dr. WATSON: "They usually occupied some elevated or retired and healthy locality, removed from the city, surrounded by shady groves, or in the neighborhood of thermal springs or medicated waters. They were sacred from intrusion, and accessible to the sick only after suitable preparation." The priests received, as fees, the free-will offerings of the sick. Some have supposed that those physicians were restricted in the exercise of their art to the temples, but many instances are on record in which they practiced abroad. Thus the Lacedemonian physicians were obliged to accompany the army. XENOPHON himself, in his expedition to Persia, was accompanied by CTESIAS of Cnidos, who, being taken prisoner, subsequently rose to great eminence as a physician at the Court of Persia.

About 450 years before Christ, was born HIPPOCRATES, well styled *Pater Medicinæ*, a son of the Asclepiades. Trained by his father in the temple of Cos, he became famous far above all who had preceded him. He formed a new era in Medicine. Separating it from the religious dogmas and speculations of the old schools, he set aside crude theories and ignorant hypotheses, and established incontestably that observation is the sole basis of true Medicine. The rapid advancement which the practice of Medicine made in his hands is almost incredible. He removed the teaching of Medicine from the schools of Philosophy, and established it as a distinct department of practical knowledge. Himself thoroughly

educated in the science and philosophy of his day, a bold practitioner, an elegant writer, and a correct observer, he gave such an impulse to it that he may almost be considered as the inventor of the Healing Art. He attained such eminence in Athens that it was decreed that he should be honored with a golden crown, and that all the children born at Cos (his native island), might pass their youth at Athens, and be treated as Athenian citizens.

Gentlemen, I have thus alluded to the early history of our Profession to stir up your enthusiasm, and remind you of the responsibilities you have to-day assumed as the successors of a long line of heroic men, which has been perpetuated from the days of the great Grecian to our own times, as well as to recall you to a grateful remembrance of the privileges you have enjoyed in the study of your Profession, sitting, as it were, at the feet of the prophets, and learning from them the accumulated experience of the past, as a guide to your future career. While, on behalf of the Fraternity of Physicians, I extend to you a cordial welcome as members of that body, permit me, at the same time, to speak with you of some of the duties and responsibilities upon which you are about to enter. What I may say, has probably been all told you before ; but a few words, spoken on this interesting occasion, may possibly enforce on your attention important truths, even if they are familiar, and clothed in homely garb. It is of the utmost importance that your first steps should be taken in the right direction ; for a young physician, starting wrong, seldom gets right again.

First, Gentlemen, I hope you will remember that you have but mastered the first step in your life-education. If any of you are conceited enough to think that you have finished it, you will soon find out your mistake ; or

it will be the worse for you, if your conceit hinders you from discovering it. I suppose you will all acknowledge that when you first commenced your studies, your heads might properly have been ticketed "To Let." Now some of the empty apartments have found good tenants—I trust permanent occupants—that will always be ready to pay you well for the accommodation. But while you have got the basement respectably occupied, if you are wise and prudent landlords you will just be the more anxious to fill the best rooms and upper chambers, with good tenants. You have laid a good foundation, build carefully the superstructure, and let not that which has cost you so much labor be covered up with rubbish or destroyed.

Do not imagine that the greatest object you can now accomplish is to get quickly into extensive practice. Be more desirous to practice well than much. Let every day's experience at the bedside of the sick add to your knowledge. Learn to observe closely, to reason correctly, and to prescribe wisely.

It is of great importance that you should continue steadily to pursue the study of the principles of your Profession. If you neglect to do so, you will soon come to practice as the sailor who navigates a ship, ignorant of the laws of navigation. A physician, to do his duty, can be governed by no general laws. Every case he is called to treat requires independent action, and, ignorant of the principles of his Profession, he can only blunder in the dark. Unless you maintain habits of study, you will be likely soon to forget what you already know. Your minds are now well disciplined, and it will be easy for you to prosecute the course on which you have entered. Follow out, more especially, those branches of learning which bear more directly upon the practice of Medicine, but you will also derive great advantage and pleasure in combin-

ing the study of the more exact sciences and general literature. I doubt not, very many physicians would acknowledge how much they regret, after years of practice, that they did not pursue their studies upon leaving the class-room. Becoming absorbed altogether in practice, and striving to accumulate wealth, they forgot much of that which they once knew, and now realize that they are mere machines, their minds stunted, and their highest motive *auri sacra fames*. In such cases, the attempt to go back and start anew is difficult and irksome.

There is probably no course of study in any department of learning, either in this country's or in European Universities, so severe and exacting as that prescribed for students of Medicine, in our Colleges. And say of American Medical Colleges what they please, they have produced a class of men, who, as a whole, have been unsurpassed in usefulness, skill, and energy, by any, or in any country, in the world. But, Gentlemen, I know that when you find in the retirement of your homes, that the excitement which enabled you to apply yourselves with such energy has passed, there will be a tendency to ease and indolence. You have climbed the first hill of the mountain range. After struggling up its rugged sides manfully and bravely, will you be content to sit down on its grassy table-land top, satisfied with the limited, though beautiful view? Will you be enticed by the sweet rest, to be content to pluck the few flowers around you, only to be so lulled by the repose as unconsciously to slide down again to your starting point? Rather, I pray you, look onwards and upwards. One eminence after another rises before you: climb steadily and hopefully on; you will be well rewarded for your toil. Be not discouraged because you can never reach the highest peak; the higher you climb the more glorious the vision; and when you realise that the mountain top is infinitely beyond your view, up to-

wards God, may your aspirations be drawn out after a participation in His glory!

Although it is highly proper that physicians should be well remunerated for their services, yet if you mean to practice only for the sake of making money, you will be slaves, and fools too. For if your talents will enable you to get rich with practice, and this be your only aim, you would attain it more easily and certainly in other employments. If you practice with a proper regard for the welfare of your patients, with a noble aim and purpose towards the general good, with an enjoyment of the luxury of mental cultivation, and an appreciation of the delights of increasing knowledge, then your toils will be lightened, and the drudgery removed.

I am sure you will look with abhorrence upon the mercenary practice of warranting cures for stipulated sums of money. It has truly been said, by one in ancient times, that "Medicine is the noblest of professions, but the meanest of trades."

The position which you occupy in society, will depend very much upon your own character. Mankind will naturally respect a physician. The office is one calculated to call forth their gratitude, and if a physician does not stand high in the respect and esteem of those around him, it is his own fault. If you lower yourselves to familiarity with the rude and immoral, do not be surprised if you are classed amongst them. Gentlemen, strive not only to be wise and prudent practitioners, but also, to take such a position, as will ensure the respect and esteem of the community around you. Remember that if you lower your own reputation, you injure yourself and disgrace your Profession. Be not only competent physicians, but be every inch gentlemen. Avoid, I pray you, as you would an enemy, all attempts to draw you into bar-room friendships. Does it not make the ears of a respectable man

tingle when he hears, as he passes in the village, or on the corners of the streets in the cities, recognition of the Doctor in low and vulgar familiarity.

Be courteous to all men—rich and poor alike.

Let your learning, your integrity, your morality, and (I would do violence to my conscience were I to omit), your Christianity, mark you out, not only as good physicians, but as honest men and useful citizens.

The success of an army depends upon every soldier acting as though his country's honor depended upon his undaunted valor; and so, Gentlemen, are you required to act on behalf of your Profession. As we have no legal enactments to guarantee our status, or protect our interests, and as all that is necessary to constitute a Doctor ostensibly is the ability to procure a shingle with the name on it, it becomes more imperative on each one of us to maintain such a position as will elevate the Profession. You go before the public with credentials, than which there are none higher or more honorable in the land: see to it that you do not tarnish the fair fame of Ann Arbor.

No other Profession requires such a comprehensive mind. In other learned professions there are fixed standards to which appeal may be made, by which the practitioner is to be guided; and a knowledge of them may be attained with certainty, by dint of arduous study. But in Medicine we have no such simple authority. The physician is required to rest on his own judgment, and to bring all his knowledge to bear upon an endless number of points. You can pursue the *study* of Medicine by considering every disease separately, but in *practice* you will find the symptoms complicated in endless variety, which no system can include, and the greatest discernment is required to enable you to come to correct conclusions.

Let me guard you, young physician, against presump-

tion. Know that your power is limited. Many have started with vain-glorious and ignorant ideas of their power. In their pride they have thought, that every disease must fly at their approach. If a little experience does not soon humble their pride—if such persons do not speedily see their error—the consequence is likely to be that some time they will turn a complete somersault, and be loudest in proclaiming the “Old School Practice,” as they call it, a “humbug”; still too proud, too ignorant to know, that the “humbug” was in themselves, and not in the practice. On the other hand, let the remembrance that a higher power than yours disposes of events keep you from self-reproach when disease terminates fatally. I have known some excellent men, of over-sensitive dispositions, render their lives miserable, and unfit themselves for practice, by unjust reflections upon their own acts.

Need I warn you, Gentlemen, to have nothing to do with Quacks? Avoid them as you would a poisonous reptile, and be very careful to give no occasion to be thought like them. Do not even condescend to argue with, or oppose them; for in so doing the slime may stick to your own fingers. Have nothing at all to do with them professionally or socially, whatever be their name—whether followers of the more crude systems which have sprung up amongst ourselves, or the dreamy, stupid impostures of Europe.

Remember that the term “Allopathic Physician” was applied to us by those who wished, by so doing, to bring us down to their own level. It is a nickname, a slander, a falsehood; and he who is content to be so called—he who does not spurn the name as an insult—deserves to be ranked with the Quacks. Says Dr. Wood, in his admirable Address before the American Medical Association, “I say again we are not Allopathists—we are simply regular practitioners of Medicine, claiming to be honest and honorable; in other words, to be gentlemen.”

There are some features common to all forms of quackery, and they may sometimes be found to characterize those who do not openly join the ranks of the charlatan. It would be well for the Profession if the line of demarcation between the regular physician and empiric was more marked. There are those who nominally belonging to us, are head and shoulders with the empirics, and it is a pity that their feet are not so also.

Gentlemen, let me warn you against even the appearance of evil in this matter. With the class of open quacks, be they knaves or simple ignoramuses, you expect to hear boasting and bragging to any extent; the relation of marvelous cures, and the infallibility of their systems. These inflated stories are their stock in trade, and, however disgusting, from them it is expected. But any thing of this character in a physician, is disgraceful and hurtful.

I know, Gentlemen, that now, with your minds fresh-stored with proper ideas of practice, and with the lessons of high-toned professional conduct, which have been impressed upon your minds by your Professors, still ringing in your ears, you scorn the very thought of allowing quackery, in any shape, to influence you. You ask, "Am I a dog to do this thing?" But allow me to remind you, that the temptation will be great. The bold and false language in which the empiric parades himself before the public, his power to cure diseases, the certainty of his remedies, the warranting of cures, has created a public sentiment which every physician finds difficult to strive against, and which every honest one must lament, even when it results in unwarranted praise. For he knows that those persons who are continually in the habit of speaking of the Doctor having cured diseases, will be just as ready to say, if occasion offers, that he killed his patient. He will often feel that the praise is as loathsome as the blame is unjust.

Gentlemen, avoid the habit of asserting your power to

cure disease. If necessary, give your patients, or their friends, the strongest assurance of your favorable opinion; and this is all that, in any case, you can do as true men. Even the mildest forms of disease will sometimes baffle the skill of the physician, and fatal results will sometimes occur when the closest observation failed to detect the cause, or to give warning of the approach of death. Let no man, however much learned, assume the attributes of the Deity, and say "I can cure"; and let none rob his Maker by saying "I have cured." He that indulges in such language is a quack, whatever his name, and wherever you find him. A bragging, boasting physician is an absurdity. No really intelligent and honest man, a student in any department of learning, can be a boaster; for the highest elevation of human intellect will but serve to make the discovery of how little man can know on this side of the grave. When he has climbed the highest and struggled the hardest, he will but realise that he can only pierce the outer crust of knowledge, and, instead of boasting, he will feel his own littleness, and prostrate himself in humbleness before his God.

No, Gentlemen, I am quite sure that, if you continue to advance in your studies—if you continue to be actuated by proper motives—and aim, as honest men, to do all that lies in your power to relieve the suffering, and promote the welfare of your patients, you will never be quacks, hypocrites, or braggarts.

Your demeanor towards the dupes of quackery must, of course, be different from that which is necessary towards those who practice it. Amongst the former you will sometimes find men whom you are bound to respect and esteem. It is almost unaccountable how some men, having a character for shrewdness and intelligence, will allow themselves to be imposed upon by the veriest quack. But while you respect them, be on your guard never to be

betrayed by them professionally. Do not argue and debate with them; let them distinctly understand that you wish to have nothing to do with them professionally, that you can not alternate with a charlatan as their physician. You will find that many persons can not understand your position. They have been led to believe that the different forms of quackery and regular practice, are just different systems of treatment—all alike good—sometimes one is best and sometimes the other! One *pathy* versus another *pathy*—one *pathy* for children, another *pathy* for adults—the one if the sickness is slight, the other if it is severe.

Now, Gentlemen, if you are wise, and respect yourselves as you ought, you will put a stop to all this nonsense, so far as you are concerned. The fact is, that the less you have to do with people, who have once run after absurdities, the better. They are, I was about to say, like a runaway horse, never to be trusted again; but the resemblance to this animal, except in a few cases, is not striking. Such a horse has usually a great deal of natural spirit, high mettle; he is a noble animal, but has been badly trained: while amongst the crowd of followers of every system of quackery, although you may find good, honest, and upright men, and, I am sorry to say, too often Christian men, yet, I think they are, usually, unstable and fickle-minded. A fitter comparison would be, that other member of the equine race which is for ever inclined to go backwards, and which, insignificant though it be, if you are not on your guard, will do you an injury.

Whilst you refuse to argue with these people, you should, at the same time, be always ready to explain to any one your position. You should acquaint yourselves with the different systems of deceit and charlatanry, to be able to explain to those seeking information, what they really are. Some men have been enticed into a

belief of these systems for a time, by arguments and well-managed impostures, who, when their eyes are opened to see that they have been dupes of cheats or fools, learn to appreciate true science.

Endeavor, Gentlemen, at all times, to be not only skillful in combating disease and relieving suffering, but also to exert a healthful moral influence in your practice. There is a lamentable amount of moral, as well as physical, degradation fostered in our communities by the character of the language employed, and the schemes resorted to, by the charlatan; and this is greatly aided by the popular medical and physiological works scattered broadcast amongst the people.

Gentlemen, be above resorting to any of the practices which savor of deceit or humbug, to obtain practice. Do not assume airs of importance and greatness, which, however calculated to impress the ignorant for a time, will only cause you to be laughed at by intelligent people. The use of technical phrases and long-sounding names, in talking to your patients, will, in the end, only beget contempt. Be respectful in your deportment, plain in your language, kind in your inquiries, and firm in your requirements; above all, do not fawn and flatter, to obtain practice. Flunkeyism is disgusting anywhere, but especially in a physician.

In your intercourse with your brethren, strive to be ever honorable. Professional and personal rancor amongst physicians, has done incalculable injury to the Profession. As you regard your own reputation, as you value your own happiness, and as you desire to uphold the honor of your Profession, avoid ungentlemanly conduct towards your brethren. There is one short injunction of the inspired pen which should ever guide you—"Be courteous." In a word, Gentlemen, pursue the course which will lead you to honor and respect as well as success.

I know that I express the sentiments of every one in this assembly, when I wish you, with all my heart, God-speed! Speed then, Doctors of Medicine, on your honorable but arduous career! May you be enabled to meet the trials of life bravely, and its difficulties with undaunted hearts, cheered by the smiles of fortune, an approving conscience, the esteem of the good and the gratitude of those to whose welfare you devote yourselves. Beyond all pecuniary recompense, and in the midst of services which money can never remunerate, may the blessings of him who was ready to perish, come upon you. At the close of a useful, beneficent, and honored life, may the loving arms of the Great Physician receive you. And on that coming Coronation-day which will surpass all that has preceded it as Eternity is greater than Time, may you receive crowns of righteousness which never shall fade!

ART. VIII.—Foreign Body in the Air Passages.

BY W. H. JOHNSON, M. D.

ON the 20th of February, 1854, I was called to visit the son of Mr. R. P. HALL, aged about seven years. The case presented the following conditions, to wit: Fever of the remittent form, differing in some respects from the ordinary type of fever then prevailing, as it seemed more symptomatic than endemic. On inspecting the thorax, the right side of the chest was found *anteriorly* to be much distended—raised probably about three-fourths of an inch above its fellow. Auscultation detected a very bad vesicular murmur at each respiratory movement, not unlike the resonance heard in interlobular emphysema. The sound, on percussion, was morbidly clear, otherwise the

lung was apparently healthy. The same tests applied to the left side discovered a dissimilar set of symptoms, though I was unable, on percussion, to detect the least deviation from the normal state. In applying the ear to the left side of the chest, I found greatly diminished respiratory movement. But little of the respiratory murmur was heard, yet the lung, on percussion, emitted a clear healthy sound throughout its whole extent. There was no cough; nor was there any soreness complained of or admitted. This was the state in which I found the patient. Now, *What was the matter?*

At the time, after the most careful examination I failed to satisfy my own mind as to the cause of this unusual pathological condition, and *misdiagnosed* the case. By an accident, I believed the right lung had become emphysematous by the infiltration of air in the cellular texture, and that the left had become impaired in its functions by the same cause that affected the right, though affected very differently. From the slight mucus *râle*, discovered on presenting the ear to the chest *posteriorly*, I inferred the diminished action was due to the collection of mucus of extreme tenacity about the bifurcation of the trachea.

The accident alluded to, was this: Two days previous to my visit, the boy, playing at school, alleged that he had swallowed a pencil, and was seized with spasmodic periods of coughing, and went home. The parents assured me that the spasms occurred frequently for the first four hours succeeding the accident, and were very violent, nearly amounting to strangulation. After this, the violence of the cough abated, or stopped altogether; and so slight was the disturbance, that but little attention was given to the case for forty-eight hours afterwards. From this circumstance, the mitigation of all the violent symptoms, and the *quietude* of more than

ordinary intelligent parents, I was induced to believe that the pencil, if inhaled, had never passed the chink of the glottis, but had secured a lodgment at the superior portion of the trachea, giving rise to those violent spasmodic movements, and had been, by them, unobserved by the parents, thrown out, leaving the pathological condition already described.

The patient was put on a treatment of the milder alternatives with diaphoretics, and continued on the same, with slight modifications, for about eight days. This was attended with an abatement of the acute inflammatory action and a diminution of fever. There was still no soreness in the least complained of. A tonic course of treatment was now substituted, and persisted in for another eight days, as the diminished strength of the patient seemed to require, though there was a slight exacerbation of fever occurring every day.

In the mean time my mind was undergoing a change in relation to the case, arising from the persistence of the fever and the local difficulty. It was possible—yes, highly probable—that a foreign substance had plugged up the left bronchus, giving rise to all the phenomena there present. If a foreign substance was thus lodged, it must be the pencil. On the 11th of March following, at my request, the patient was seen by Dr. W. B. SOUTHARD, to whom I had confided my fears. He too, came to the conclusion to which I had arrived. The local symptoms were still the same as when I first saw the patient, except the slight respiratory murmur and the mucus *râle*, which had entirely disappeared. The patient was subsequently seen by Drs. CORNELL and OSBURN. Tracheotomy was suggested, but deemed improper.

The tonic treatment, with nutritious diet, was pursued up to 28th of March. From this time, but little treatment was had. So far there was no especial change in the

condition of the patient, except that of gradual emaciation. On the 22d of April, being at play with a little sister, and having occasion to laugh heartily, the patient was again seized with very violent spasmodic coughing. By a series of well-directed movements on the part of the mother, such as shaking the boy violently with his head in a depending position, with many other indescribable manipulations, a *slate pencil*, measuring three-fourths of an inch in length, and two lines in diameter, was thrown from the lungs, after remaining in the bronchial tube, as described, for sixty-four days.

Since the expulsion of the pencil, the boy's health has been steadily improving. I have constantly kept my eye on the case, and have quite recently examined the little fellow. He is quite active, and seems to develop physically equal to other children; but I find still upon him almost precisely the same condition of both lungs that I found on visiting him five years ago. The right lung is still performing much the larger portion of respiration, while the action of the left remains very weak, and respiration by it is very feebly performed.

There has not, at any time since the accident, been the least soreness of either lung.

ALBION, March 18th, 1859.

ART. IX.—New Methods of Resuscitating Stillborn Children, and of Restoring Persons apparently Drowned or Dead.

By M. A. PATTERSON, M. D., Tecumseh, Mich.

IN corroboration of the views presented in the subjoined extract, it may be proper to state that, for several years, it has been our practice to treat cases of stillborn children by directing an attendant to support

the head of the child, with its neck, at times, slightly inclined backwards, while we place our hands high in its armpits and close to the chest, with the palms upward and under, and the thumbs over its shoulders; positions which enable us to raise the arms of the infant to the requisite height, and, at the same time to elevate its body and lower limbs nearly or quite perpendicular. When this is done, the arms of the child are brought rather quickly to its sides, and its body as quickly to a *sitting posture*. These motions are continued with temporary suspensions; during which the usual precautions to remove mucus from the air passages, to dash a few drops of cold water in its face, and to stimulate the nostrils and chest, are attended to, until the child cries, which, if life is not entirely extinct, usually happens in a few minutes. During the whole process of restoration we carefully guard against the loss of animal heat, and, occasionally, we have found it necessary to apply this method while the child was in a warm bath.

If the hands are properly placed, the required motions may be made without the slightest injury to the infant.

The effect of these motions upon the mechanism of the child explains the *modus operandi* of the process without a word of comment.

Whoever has seen a dying person "gasping for breath" will comprehend why we incline the head gently backwards.

Our friend Dr. BALDWIN has used this method several times, with perfect success; and we described it to Prof. PALMER, a year or two since, who promised, on the first opportunity, to give it a trial. Whether he has had occasion to test its utility, we have no present means of ascertaining, as he is now on his way to Europe. Some misgivings as to its novelty prevented an earlier publication of this "discovery"—if entitled to a name, so significant when truly applied, and so hack-

neyed as ordinarily used. At all events, the present publication will serve to illustrate the correctness of Dr. SYLVESTER'S views, whose process in part, is similar to the "ready method" which we have thus briefly described.

In a pamphlet recently published, Dr. SYLVESTER argues that the postural method of Dr. MARSHALL HALL for the restoration of persons who have been asphyxiated, does not displace more than a fraction of a cubic inch of air from the lungs, that the expansion of the thorax is limited to that which results from the mere elasticity of the tissues compressed during the rotatory efforts, and that the contraction and expansion are confined to one side of the chest. He points out other objections, such as that the contents of the stomach and œsophagus may pass into the windpipe, or that the patient's face may be bruised and his neck twisted by the prolonged movements, to which may be added that ribs are sometimes fractured, as we have ourselves witnessed. The author proposes to make the first effort of the asphyxiated individual an *inspiratory* one, by using the arms as handles to open and close the chest.

To determine the effect produced on the contents of the thorax, by the proceeding advocated by Dr SYLVESTER, he introduced a glass tube into the trachea of a corpse; this was connected by a flexible tube with a glass horse-shoe tube containing a small quantity of colored fluid, which was maintained at the same level in both legs. "The height of the column having been first carefully noted, the arms of the subject were raised and steadily extended upwards by the sides of the head, so as to draw up the shoulders, and put the pectorals on the stretch, elevate the ribs, and consequently enlarge the cavity of the chest. The result was, that the fluid in the bent tube rapidly fell, and so considerably as to recede high up in the leg of the instrument nearest the body; that is to say, the tendency to a vacuum produced in the chest drew the air into the lungs; the shoulders and arms were next pressed down upon the sides of the chest, and immediately the fluid rose as much above its usual level in the further leg of the apparatus as it did in the foregoing experiment."

Dr. SYLVESTER has tested the effect of the rotatory plan by the same instrument, which demonstrates that while a small quantity of air is expelled from the thorax by compression, only so much can be drawn in as will occupy the space created by the elasticity of the ribs. He concludes: "1. That by his mode of procedure the actual capacity of the chest was increased, and air drawn into the lungs by the constrained action of the muscles of respiration upon the movable walls of the thorax; 2. That expiration was produced by pressing the arms and shoulders down upon the sides of the chest."

The author points out that his method is characterized by an actual enlargement of the cavity of the chest, owing to elevation of the ribs above their ordinary or natural level; this, he maintains, is not effected by the MARSHALL HALL plan.

Dr. SYLVESTER's suggestion certainly is based upon sound anatomical and physiological principles; we therefore hasten to lay it before our readers, and request them to put it to the test, without, at the same time, neglecting such other precautions with regard to the restoration of warmth by friction and dry clothing, of drawing forward the tongue to prevent the larynx from being closed, and the like, as the author very properly points out.

[*British Médico-Chirurgical Review.*]

ART. X. — Meteorological Register for Month of March, 1859.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 53' W. of Greenwich.

Date.	Barometer.			Standard Thermometer.			Hygrometer.			Force of Vapor in Inches.			Relative Humidity.			Winds — Direction and Force.				Fall of Rain.	
	7 A.M. 2 P.M. 9 P.M.			7 2 9			7 2 9			7 A.M. 2 P.M. 9 P.M.			7 2 9			7 A.M.	2 P.M.	9 P.M.	BEGAN.	ENDED. INCHES.	
1	29.00	29.05	29.08	27.37	29.24	32.25	100	116	089	.65	.51	.55	N.E.	2 N.E.	2 N.E.	2	N.E.	2 N.E.	2		
2	28.95	28.90	28.90	33.40	31.30	32.27	132	077	101	.70	.31	.58	N.W.	2 N.E.	2 N.E.	2	N.E.	2 N.E.	2	2.30 a.m.	
3	28.85	28.75	28.72	38.50	37.35	44.34	165	209	157	.71	.58	.71	N.E.	2 S.E.	3 S.E.	3	S.E.	3 S.E.	3		.73
4	28.70	28.77	28.75	37.42	31.34	37.28	157	155	119	.71	.57	.68	S.W.	3 S.W.	3 S.W.	1	S.W.	2 S.W.	1	7. p.m.	
5	28.88	28.95	28.85	32.42	32.30	35.30	144	113	144	.79	.42	.79	S.W.	2 S.W.	2 S.W.	2	S.W.	2 S.W.	2		
6	28.82	28.78	28.85	32.46	33.30	40.30	144	169	132	.79	.54	.70	S.W.	2 S.W.	2 S.W.	2	S.W.	2 S.W.	2	11. a.m.	
7	28.70	28.74	28.78	35.47	34.32	42.32	142	202	155	.69	.62	.79	S.E.	2 S.E.	2 S.W.	1	S.E.	2 S.W.	1	5.30 p.m.	
8	28.80	28.75	28.80	36.48	34.33	44.32	149	236	155	.70	.70	.79	S.E.	2 S.	2 S.W.	2	S.	2 S.W.	2		
9	29.00	29.00	28.90	33.53	38.30	46.33	132	219	123	.70	.54	.53	S.W.	2 S.W.	2 S.W.	1	S.W.	2 S.W.	1	7.10 a.m.	
10	28.80	28.82	28.82	37.57	38.33	44.34	136	249	144	.61	.77	.62	S.E.	2 S.E.	2 S.	1	S.E.	2 S.	1		
11	28.80	28.72	28.84	34.52	38.32	42.33	155	136	123	.79	.35	.53	E.	2 S.E.	2 S.E.	2	E.	2 S.E.	2	11. a.m.	
12	28.94	29.00	29.02	38.54	35.32	42.32	103	110	110	.45	.26	.46	S.W.	3 S.W.	3 S.W.	1	S.W.	3 S.W.	1	6. p.m.	
13	29.08	29.15	29.10	40.52	39.32	44.33	177	183	136	.31	.47	.61	N.W.	1 S.W.	1 S.W.	1	N.W.	1 S.W.	1	9.05 a.m.	
14	29.08	29.00	28.85	41.52	37.36	44.33	147	183	123	.56	.47	.53	N.E.	2 S.E.	3 S.E.	2	N.E.	3 S.E.	2		
15	28.70	28.74	29.00	43.45	32.35	44.28	100	053	108	.35	.17	.59	S.W.	2 S.E.	3 S.W.	1	S.W.	3 S.W.	1		
16	29.10	29.08	29.05	43.45	32.32	35.34	168	074	092	.89	.24	.34	S.W.	1 S.W.	2 S.W.	2	S.W.	2 S.W.	2	8. a.m.	
17	29.00	28.91	28.80	44.62	43.38	47.36	151	125	121	.52	.22	.43	S.	3 W.	3 W.	2	S.	3 W.	2	3.10 p.m.	
18	28.09	28.00	28.00	49.53	38.47	46.45	297	219	165	.85	.54	.71	S.W.	3 S.W.	3 S.W.	1	S.W.	3 S.W.	1		
19	23.70	28.80	28.85	34.35	38.31	32.35	139	142	165	.71	.69	.71	S.W.	3 S.W.	3 S.W.	3	S.W.	3 S.W.	3		
20	28.95	28.81	28.82	31.37	31.27	34.29	101	157	137	.58	.71	.78	W.	1 S.E.	2 S.W.	2	W.	2 S.W.	2	2.05 a.m.	
21	28.80	28.80	28.82	35.36	35.33	33.32	162	149	142	.79	.70	.69	S.W.	2 S.W.	2 S.W.	3	S.W.	2 S.W.	3		
22	28.85	28.88	28.90	38.62	35.32	46.30	103	100	144	.45	.17	.79	S.E.	2 S.	2 S.W.	2	S.E.	2 S.	2		
23	28.90	29.00	28.95	34.61	37.30	48.33	121	164	136	.61	.30	.61	S.E.	1 S.E.	2 S.E.	2	S.E.	2 S.E.	2		
24	28.92	28.81	28.71	33.60	37.32	44.34	168	078	157	.89	.15	.71	S.W.	2 S.E.	2 S.E.	1	S.W.	2 S.E.	1	8.15 a.m.	
25	28.30	28.40	28.48	35.42	33.30	35.32	109	113	142	.53	.42	.69	S.E.	2 S.E.	2 S.E.	1	S.E.	2 W.	1	5. p.m.	
26	28.94	28.90	28.85	24.36	29.22	33.26	095	149	106	.73	.70	.66	W.	2 W.	2 W.	1	W.	2 W.	1		
27	28.80	28.65	28.62	36.66	29.32	58.27	129	376	129	.61	.58	.77	S.E.	1 W.	2 W.	2	S.E.	3 S.W.	2	8.15 a.m.	
28	28.50	28.40	28.24	38.52	43.32	44.36	103	183	121	.45	.47	.43	S.W.	2 W.	3 S.W.	1	W.	3 S.W.	1	10. a.m.	
29	28.00	28.02	28.04	35.48	35.33	37.32	162	077	142	.79	.22	.69	S.W.	3 S.W.	3 S.W.	3	S.W.	3 S.W.	3		
30	28.20	28.22	28.25	36.38	34.34	34.32	170	144	155	.80	.62	.79	S.W.	3 S.W.	2 S.W.	2	S.W.	3 S.W.	2	8.10 a.m.	
31	28.50	28.64	28.72	37.46	34.33	37.32	136	103	155	.61	.33	.79	S.W.	3 S.W.	3 S.W.	2	S.W.	3 S.W.	2	1. p.m.	

Bibliographical Record.

A TREATISE ON FRACTURES. By J. P. MALGAIGNE, Chirurgien de l'Hôpital Saint Louis, Chevalier de la Légion d'Honneur et du Mérite Militaire de Pologne, Membre de l'Académie Royal de Médecine. With one hundred and six Illustrations. Translated from the French, with Notes and Additions, by JOHN H. PACKARD, M. D. Philadelphia: J. B. Lippincott & Co. 1859.

THIS belongs to a class of books which we esteem so highly as to trust that the list may be continually augmented. It is so utterly impossible to do any thing like justice to the subject of Fractures in the body of an ordinary work upon a general system of Surgery, that a work like the above will be duly appreciated by the student who aspires to some thing more than a mere knowledge of the method of recognizing and treating Fractures. The treatise in question should prove unusually acceptable to the Profession; and in this country, where the tendency to hold the surgeon responsible in dollars and cents, for a *perfect* job, seems to have obtained general prevalence, it would seem that there is abundant inducement for study of the subject of which it treats.

The work is well arranged, and constitutes a complete treatise. The cuts are printed on heavy and fine paper, which hardly, however, atones for their separation from the subject which they illustrate. Cuts should be interspersed through the body of the work. G.

A TREATISE ON THE VENEREAL DISEASE. By JOHN HUNTER, F. R. S.; with Copious Additions by Dr. PHILIP RICORD, Surgeon of the Hôpital du Midi, Paris, etc. Translated and edited by FREEMAN BUMSTEAD, M. D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, N. Y.; Assistant Surgeon to the N. Y. Eye Infirmary. Second Edition, containing a Résumé of RICORD's recent Lectures on Chancre. Philadelphia: Blanchard & Lea. 1859.

THERE was great propriety in associating together the views of HUNTER and RICORD in the first edition of the above work; and however much we may differ from, or however precisely we may coincide with, the views of these two great men, we can entertain but one opinion as to their influence in regard to the great body of truth.

The present edition contains, in a condensed form, an addition to the notes of the former issue, derived from the published notes of RICORD's Lectures on Chancre, by M. TOURNIER; an addition which enhances not a little its value.

G.

THE DRUGGIST. A Monthly Newspaper for the Trade. No. 1, Vol. I. Cincinnati, Ohio.

A NEATLY printed paper, of quarto size, containing 16 pages, to be issued monthly, under the editorship of HENRY E. FOOTE, M. D., assisted by a number of Pharmacutists in different parts of the Union.

We remark, in the present No., the pen jottings of WAYNE, on Pharmacy, in which he gives some examples of ancient Pharmaceutical Preparations, taken from an old London Dispensatory, of 1696, in which the excrementitious matters of horses and cows, and substances of like *medicinal* value, are tortured by maceration and distillation into essences of wonderful power in disease. We feel thankful that modern science does not find such uses for fresh cow dung. Won't Mr. WAYNE give us some more examples from that old book (which we think must be quite out of

print)? We think they will convince the minds of the most obtuse that the Golden Age of Pharmaceutical Science was not in the past.

Apropos of old books, we have one, entitled "An Essay for the Reformation of the London Pharmacopœia," dated 1746; which is filled with marginal notes, in manuscript, which notes denote a scientific knowledge and skill on the part of the writer that the present age would hardly give him credit for, and containing suggestions in relation to formulæ which have not been improved upon since.

But to return to the "*Druggist*." At the low price of the paper, and popularity which such publications assume among Dealers in Medicine, we may safely predict for it a large and profitable circulation. It has been placed on our exchange list.

F. S.

Editorial Department.

Retraction of the Cincinnati Lancet and Observer.

It will be recollected that in our March No. we referred to the slanderous allegations of the above journal against our friend and colleague, Prof. SAGER, and ourself, charging us with assuming a title which did not belong to us. After quoting the language previously used by it, the *Lancet and Observer* says:

"Now it seems that this statement *is not true*, and we therefore make the correction and the *amende honorable* to Dr. P."

It further says:

"Wishing to do no man injustice, more particularly to injure the hard-earned reputation of an honorable physician, we will also correct our statement in regard to Dr. SAGER. . . We regret our error, and have thus done all we can to correct it."

This seems fair and satisfactory; but it is usually the case that those who have been the subjects of wrong from others, are more or less pursued by their traducers in the same spirit, and in the article from which we have extracted the above explicit retractions, there are some statements and insinuations which indicate that this case will not prove a very brilliant exception.

We do not propose to bandy words with the *Lancet and Observer*, but there are a few statements in this article which, once for all, require a little elucidation. It says we

wrote a very threatening letter, demanding their authority for the statement they had made, threatening with a suit for libel unless correction was made. What was written on that point was to this effect:

"No honorable man can rest quietly under such an imputation; and you will not be surprised that I ask of you the most explicit retraction and apology, giving it as wide currency as the charge. . . I do not propose having what purports to be a respectable medical journal thrust before me, at home or abroad, with such a statement in it, without being able to show a retraction, or some other evidence that it has been properly resented."

Not one word was said about a libel suit. This was probably what the editors *feared*, not what we said.

We did not *demand* the authority on which the slanderous statement was said to be based. The letter said:

"I have no desire to raise insignificance to the dignity of contempt, but it would seem necessary, to shield yourselves from the imputation of unprompted and the most malicious falsehood published, and therefore libellous, that you should reveal, at least to me, the source of information from which you made the charge."

This was all on this point; and it is but just to all parties to say, that in their letter to us they state,—

"We received a communication from ———, *unsolicited* on our part, from which we took the remark so offensive to you." [We omit the name, only; the italic word is theirs.]

It is proper, in this connection, further to say, in order that their correspondent be not censured more than he deserves, that they admit in the article they did not give his precise words, though their letter would clearly indicate they did. The editorial says:

"It is probably true that, as we did not use the exact language of our correspondent, more may have been expressed than we intended."

Whether their correspondent was properly echoed or not, we can only judge from the letter and the editorial article.

We only *know* that the *Lancet and Observer* uttered the slander, and has now retracted it. The parties must settle between themselves the share each has had in the work.

One thing more: The editors of the *Lancet and Observer* accuse us of insulting them by saying they did not, themselves, write the editorial in their January No. This seems to be regarded by them as our greatest offense. What we said was, that we could not *believe* that either of the editors (connected, as one or both of them were, with a school requiring not nearly as much of students as our school does) wrote the article. We thought it impossible that they could have originated their own stultification—that they could abuse us on their own instigation for opposing requirements for entering our college which neither they nor any other school in the country apply even to graduates.

In this, according to their statements, we were mistaken. We must admit, then, that they did originate their own stultification by vehemently condemning in us what they practice to a much greater extent themselves. We honestly believed they had been tampered with, as we knew others had been—we thought we had internal evidence that *unsolicited* communications had been sent them—and we intended the remark which they pretend to resent, rather as an excuse than a reproach. As they take it otherwise, we retract our charitable opinion. It was only an opinion, and expressed as such.

We have now done with the *Lancet and Observer*, and are inclined to think, also with its *unsolicited* correspondent. To the latter, if in the future he will but keep out of our path, we can afford to say as Uncle TOBY said of the troublesome fly which he caught, and which most others would have crushed,

“Go, poor devil, get thee gone * * * this world is surely wide enough to hold both thee and me.”

A. B. P.

The Cultivation of Medicinal Plants.

When the extent of our dependence upon foreign sources for important and invaluable elements of our Materia Medica is considered, the question of home culture of foreign medical plants assumes no mean importance in an industrial and commercial point of view.

It is now generally conceded that the cultivation of indigenous medicinal plants improves their therapeutic powers; an improvement as marked nearly as that induced by careful culture in products of the nutritious plants which form so large a portion of our food. It follows, as a natural consequence, that, due regard being paid to climatic influences, to position, and to soil, many of the substances now imported in enormous quantities, and at high rates, for the supply of the Drug trade, might, with advantage, be cultivated in our own country. This would open new fields of industry and profit, and tend directly, by increased production, to lessen the cost to consumers.

The successful cultivation of the narcotic plants is instanced in the botanic gardens of the Messrs. TILDEN, and in the farms of the several Shaker societies of the Eastern States, who supply, to some extent, our markets with pressed herbs, &c. *Valeriana officinalis*, of excellent quality, is quite largely cultivated in New England, and even in this State to an extent worthy of placing it above being termed an experiment. The successful culture of the Liquorice root in this country is almost established.

It is gratifying to notice that the Agricultural Bureau of the Patent Office has, in connection with its importations of foreign seeds and plants for distribution among agriculturalists, undertaken the task of importing those of medicinal value also, with the view of enabling it, conjointly with the efforts of botanists, and especially of the

American Pharmaceutical Association, to introduce into successful culture here the most esteemed and valued medicinal products of other countries. It is impossible, we think, to overestimate the value which may accrue in coming time to our country by these efforts now being made.

The Agricultural Bureau has already reported the complete success of the introduction of the *Quercus subra*, or Cork oak; and when it is considered we pay to Europe a quarter of a million, annually, for the item of corkwood alone the commercial value of others may be imagined.

The olive, prune, fig, zante currant, liquorice root, opium poppy, and fenugreek, have also been experimented with, but with a success not yet fully determined, owing to the want of botanical gardens or experimental farms, and to some extent, doubtless, to ignorance on the part of those having charge of the experiments, of the proper natural requirements of plants under their charge.

Within our boundaries, are found the greatest possible variety of soil and climate, and no obstacle seems to exist in introducing medicinal plants, except, perhaps, the want of willing and interested parties to undertake the culture of them while success is yet an experiment.

In connection with the culture of foreign medicinal plants, we see no reason why that of many of our important indigenous ones might not profitably be undertaken. With few exceptions, the demand for the most valuable of them is supplied from those districts where their natural growth is most plentiful; these supplies being very irregular, the rates of value in market are equally so. In the case of the peppermint, and of some few others, cultivation has proved exceedingly profitable. Why not supply, by the same means, the demand for the more important of indigenous roots, herbs, seeds, &c., for which demand, we must, in a measure, thank the so-called school of eclectic physicians?

Dr. ZINA PITCHER, of our city, has determined to take an initiatory step in this direction, by establishing a botanical garden in the grounds of the U. S. Marine Hospital at this place, for the purpose of affording an agreeable occupation for the convalescents of the house, and more directly to afford an opportunity to all who are interested, to study the botanical characteristics of that portion of the rich flora of our State considered of value in medicine. At the same time, it is intended to determine the practicability of their successful cultivation as agricultural products.

The Physician and Pharmaceutist, while confined to their duties, may, if they possess any taste for botany, readily determine for themselves the practicability of cultivating home or foreign medicinal plants, by experiments in their offices and stores, upon single specimens — abundance of which may be found at one's very doors — the care of which will be amply rewarded by the gradual perfection of them from small beginnings, affording no small amount of pleasure and intellectual profit.

F. S.

Langenbeck's Tracheotomy Hook.

This useful little instrument consists of two parallel tenacula: one of which is firmly fixed into a handle; the other is attached to its side by a hinge, and is worked either by a lever or a small set screw. Pressure upon the lever separates the points of the tenacula. In the operation of tracheotomy, the trachea being exposed, and the points of the tenacula being set apart by the screw at a distance of one-quarter of an inch, the instrument is firmly inserted into the trachea, which is thus securely held while the surgeon makes the necessary incision into that organ, between the two tenacula. Pressure upon the lever now separates the edges of the incision, and opens wide the wound in the trachea, ad-

mitting at once the air, and facilitating the introduction of the tube. The practical surgeon will see that the instrument can be used in many other operations.

G.

Suspension of the Clinical School connected with the Medical Department of the University of Michigan.

With the sanction of the members of the Board of Regents, the undersigned gives notice that the course of instruction in practical medicine, hitherto given at the hospitals in Detroit, during the recess of the term for didactic tuition, will, for the present year, be suspended.

There is reason for believing that this suspension will be only temporary: that the cause of it is financial, and that, when re-established, it will be placed on a broader, more substantial and enduring basis.

Z. PITCHER,

Clinical Instructor.

[We are requested to state, in connection with the above notice, that Medical Students of adequate preparation can have access to the hospitals during the summer, the same as if the Clinical School was not suspended.

F. S.]

The Laryngoscope.

The object of this instrument is to expose, by reflection, the parts about the *mira glotidis*. Small metallic mirrors, introduced into the posterior portion of the pharynx, for the purpose of reflecting the image of the parts to be inspected, constitute the main feature of the apparatus, but for the purpose of throwing a strong light into the fauces, a concave metallic mirror, through which is a *peep hole*, is fixed to the surgeon's forehead. The

surgeon, now placing himself before his patient and a strong gas light, attempts to throw, by means of his now brilliant caput, a flood of light down the patient's throat, while he, at the same time, peeps through his little peep hole.

Of the exact amount of utility embodied in this apparatus we will attempt no estimate, preferring to let others pursue infinitesimal investigations. G.

Medical Convention for Revising the Pharmacopœia of the U. S.

The Medical Convention for Revising the Pharmacopœia, which met at Washington in May, 1850, provided for assembling a Convention, for the same purpose, in the year 1860, by the following resolutions :

1st. The President of the Convention shall, on the first day of May, 1859, issue a notice requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general Convention, to be held at Washington, on the first Wednesday in May, 1860.

2d. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next Convention.

3d. The several Medical and Pharmaceutical bodies shall be further requested to transmit to the President of this Convention, the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1860.

In accordance with the above resolutions, the undersigned hereby requests the several bodies mentioned to appoint delegates, not exceeding three in number, to represent them in a Convention for Revising the Pharmacopœia of the United States, to meet at Washington on

the first Wednesday in May, 1860 ; and would also call the attention of these bodies to the second and third resolutions, and request compliance with the suggestions therein contained.

GEO. B. WOOD,

President of the Convention of 1850.

PHILADELPHIA, May 1st, 1859.

[The above notice, received from Prof. GEO. B. WOOD, Philadelphia, explains itself. The importance of the Decennial Revision of the Pharmacopœia peculiarly commends its careful attention to medical corporations and associations, delegates for which will legally constitute the Convention to meet in 1860. We hope that the influence of those medical institutions west of the Alleghanies will be more apparent in the sitting of 1860 than it has been hitherto.

F. S.]

Selected Articles, Abstracts, &c.

Dr. Lampe on Cases of Premature Birth Artificially Produced.

Translated from the German, by Dr. O. D. PALMER, from the "*Oesterreichische Zeitschrift für Praktische Heilkunde.*"

THE resort to art for the purpose of procuring premature delivery, is with us, in the country, of seldom occurrence. This arises partly, because the physicians themselves can hardly justify the necessity for dealing in flesh and blood, and partly because the opposing prejudice of the public is an obstacle difficult to overcome. The more seldom the occurrence, so much the more urgent is the duty of those who have witnessed results to contribute their experience. This must excuse me for requesting for a short time the honored reader's attention, to the relation of the following cases, which have occurred in my own practice.

Mrs. M., aged about thirty years, of middle stature, of extraordinary obesity, has borne four living children naturally, and has had one abortion. In each of the four births, the delivery was accomplished with very great difficulty. It would seem from the remarkable indications in her case, that in the same proportion as she gains in corpulency (which at length has grown to deformity) her children increase in relative size and weight. Thus, though the fourth child was born alive after unspeakable suffering, yet with the fifth she was subjected to an extremely tedious operation with the forceps, which consumed many hours, as well as my own strength almost to perfect exhaustion, before she was delivered of a dead child. The child had the unusual weight of eleven pounds. Previous to this last, and consequent to an abortion, Mrs. M. had underwent a severe attack of *Metrorrhagia*; and, later, following the delivery by the forceps, she had passed through an extremely dangerous puerperal process; so that, from these circumstances, and with the evident increase of difficulty at each succeeding parturition, she had become very fearful of any new pregnancy. Therefore, in view of the very great dangers to which the mother might be subjected at the next time, the very natural requisition was made upon me to furnish

some means by which the anticipated difficulty could be prevented. promised, at the next pregnancy, that I would procure an artificial premature delivery, to which resort I felt perfectly entitled, after having myself witnessed the antecedents. The ominous pregnancy was made manifest in 1845, and I resolved, at a suitable period, to institute the means for a premature labor. I selected for this purpose the thirty-sixth week of gestation. There were, at that time, besides rupturing the membranes, the Brunhaussen "Method" of KLAG, which consisted in introducing *compressed sponge* into the *os uteri*, as the safest; and SCHÖLLER's method, of *tamponing the vagina*, as the most simple and least injurious known. I made use of both at the same time. As an introduction, a warm bath was first prepared, and borax given at long intervals, whilst I placed in the vagina a tampon made of pieces of soft linen, and used in such a manner as to exercise a moderate pressure on the vaginal walls. Thence arose sickness of stomach, great restlessness, and a sensation of uneasiness, generally. Whilst the tampon was removed for the purpose of changing, I applied a local vapor-bath. Shortly after distinct pains were perceived, but very irregularly. After repeating the tampon three times, these came on, during the evening of the second day, stronger pains, and the *os uteri* was dilated to the extent of one inch in diameter. At this time, I introduced into the open mouth of the womb, a piece of pressed sponge, made in form of a cone for the purpose, and retained it there, by means of the tampon, for twenty-four hours. On removing it, and after a few moderate pains, the membranes were spontaneously ruptured, and a small quantity of the waters discharged. I now put all in readiness, since generally from that decisive moment, to which labor had been brought by art, no *stand-still* was longer to be apprehended, and haste was not necessary; on the other hand, the patient was already in a pretty excitable state, and with the tumefaction, and great sensibility of the soft parts, even a local vapor bath would not be sufferable.

It was not until the fifth night that regular bearing-down labor pains were perfectly established, and about four o'clock in the morning the spontaneous birth of a well formed, lively, living child followed, coming to the world by the head presentation. The placenta, on account of a partial adhesion, and violent flooding, had to be removed by the introduction of the hand, and detaching. The patient was put to bed greatly exhausted; her recovery very slow and tedious, and after a lingering time of several weeks, she still had to undergo an attack of *phlegmatia alba*. The child, which had the size and appearance proportionate to its eight months' growth, was badly affected with *icterus*, on which *diarrhœa* supervened, and could only be properly attended to by the employment of a nurse, against which arrangement the heartless mother was at first strongly opposed.

I confess that this case, from the obstinate delay of the *uterus* in assuming a state of activity; from the extremely lingering course, and long duration; from the many disagreeable, nay highly threatening symptoms, and the unfavorable accouchement of the lying-in woman, affords anything but encouragement to a repetition of this method.

Very happily for me, the next cases demanding interference, for the purpose of anticipating the period in which parturition is usually accomplished, happened just at the time when KIWSCH had brought into vogue the warm *Uterine douche*. It had been generally received, and successfully applied. I treated two cases according to this method. The occasion in each case, was contraction of the pelvis—the period, the eighth month. As the two cases were very analogous in their courses, and afforded nothing of particular interest, it is sufficient to state that the daily application of the “*uterus douche*,” repeated four times in a day, and continued ten minutes each time, with water at a temperature of 30° Reau. (100° Fahr.) produced labor, followed by delivery on the second day spontaneously, without very considerable reaction,—both children coming to the world alive, and fresh, and continued living; the mothers both passing through their lying-in period without accident. By the favorable results in these two cases, I had acquired confidence in the method indicated above.

This method had been generally adopted, but it could not fully maintain its famed pretensions to precedence, and, as was to be expected, new methods arose, with the hope of supplanting this one, or of being included in the same bounds of permanency with it. These are the one of COHEN, and the two of SCANZONI. I had an opportunity to use the first mentioned during the present year, to treat the following case, which I take this occasion to report somewhat in detail:

Madam H., about thirty-five years of age, of small stature, but without other striking symptoms of a rachitic habit, was delivered by me two years since, in a normal pregnancy, by perforating the cranium of the foetus. Previous to my resorting to this means she had continued in labor two days—the last twenty-four hours was after the discharge of the liquor amnii; and, according to the testimony of two colleagues who had preceded me in the case, the head had been wedged in the pelvis ten hours immovably. On a searching examination of the pelvis I ascertained that, though perfectly symmetrical in form, the conjugate diameter was but three inches. The contraction of the pelvis in its most important diameter was increased still more by the inward projection of the superior rim of the pubic bones. As Mrs. H. found herself again in a state of pregnancy, in 1856, I earnestly represented to her that, if she wished the happiness of bringing to the world a living child, it could be accomplished

only by means of a premature birth, and that she herself could only thereby be protected from the mischances of a difficult delivery. She assented with joy. Her gestation proceeded without any material accident in its normal course, and the only thing to be considered was the particular point of time when the accouchement should be brought about. Her last menstruation took place about the middle of October, 1856; the first movement of a quickening was perceived in the first days of March, 1857. I therefore selected the second week of June, as being as near as might be, the thirty-second week of gestation, in which to induct premature labor. This early date was chosen as, in accomplishing her last delivery by perforation I had made myself acquainted with the whole difficulty. I had ascertained, by the developments of a child of medium size, whose birth had been opposed by the circumstances already related, that not only the symphysis, but the whole anterior circle of the pubes, by projecting inwards strongly, and by being less concave than usual, had narrowed down the entrance of the pelvis.

The method put in use by me was that of COHEN modified. On the first day, I applied twice, the warm *uterus douche*, continued five minutes each time, and as there was no danger in delay, I awaited in order to have the advantage of the *natural preparation* of the parts implicated in labor. Following the repeated application of the douche, a light contraction of the womb, and a peculiar seizing of the impregnated female with a sensation of lassitude, was perceptible. On the third day I made the first injections into the uterus. An elastic catheter, without stylet, was put in use, which I carefully introduced through the orifice, and conducted along the inner walls, perhaps three inches high, and about three ounces of water at 30° Reaumur was injected through it, and the catheter immediately withdrawn. A small part of the injected water flowed away directly, and in the second hour thereafter decided pains were manifest, returning at uniform but tolerably long intervals. After the second injections, made half a day later, the pains returned at shorter intervals, thus deciding their character to be genuine regular labor throes. They acted so forcibly, that five hours after, in a regular progress, the waters were discharged, the birth of the child following in three more hours, by the head presentation. The whole course of the labor was so regular, that it was distinguished by no indication from a normal, spontaneous, labor, at the full period of gestation. The child exhibited lively action, and cried with a full voice. It showed the size and developments of a seven months' child, but was much weaker than we had expected it to be. The parturient esteemed herself even happy, in comparison with her state at the birth of the first child. Then, she suffered such excruciation and martyrdom, for such a mournful result: now her labor had

been so easy, and so soon over, affording her already the foretaste of a mother's joys. The placenta came away of itself in about ten minutes. Her accouchement was passed over, and her lying-in accomplished, without the least thing to disturb it. She left her bed on the tenth day, and found herself *impregnated again* in the course of a few weeks. The child was put to the breast of a wet-nurse, but apparently, in spite of the best attention, it grew so little, that I soon doubted its coming through. It notwithstanding reached the age of nearly five months, and died of atrophy without an attack of any disease.

Though, in consideration of the above detailed grounds, I can not reproach myself with having chosen a too early point of time in which to induce labor, yet the desired result, with its remote consequence, and the knowledge acquired by witnessing the course of the last parturition, in regard to the relative dimensions of the pelvis compared with the size of the child, in this individual case, are very suitable to assist, in the appointment of that precise point of time at a future period. This is a question the decision of which is to exert an influence on the happiness of future results, in all time. The scale proposed by STOLZ, KIWISCH, and others, for the purpose of determining the time for inducing premature labor, agreeable to the relative measurements of the head and pelvis, is certainly not proper to guard against accidents. It appears plausible enough in theory, but is so little valuable in practice that at every elaborated case the mocking voice of fame echoes in the ears *hic Rhodus—hic salta!* As there are generally, in the minute measurements of midwifery, calculations made for particular exceptions, *in viva*, and as, for example, one tug at the forceps, with experienced hands, tells more a thousand times than the most ingenious pelvimetre and kephalometre can ever tell, so it is in this case also; nothing but the most judicious weighing of every possible influence that can have a bearing, at the moment will protect against fatal accidents, though never wholly insure against them.

I know full well that one case only is insufficient to furnish data from which an unprejudiced opinion can be pronounced on any new process in the practice of midwifery, but when I reflect how widely different was the parturient course in the last detailed case from the one that immediately preceded it, with what regularity and how perfectly analagous to the spontaneous and timely birth, I can not forbear to render my verdict unconditionally in favor of the method of COHEN. There can be no method given for those partially experienced that is more simple—none more easily practiced, or more little dangerous than this; and, according to the experience hitherto collected (the whole number of cases in which premature birth has been effected by COHEN's method, according to his estimate, rates from 70

to 80), there is none that exceeds it in safety. In the expression "little dangerous" there should not be associated an idea of total want of danger in the process of procuring premature birth. In regard to danger: in every method ever discovered, or that is likely ever to be discovered, cavilers can point to unfavorable cases. Whoever observes, with impartial eyes, the process of parturition as enforced by art, and compares it with the natural process, the difference between the two will not escape his view. In the former, when the storm of reaction commences, be it ever so mildly, it may still, in comparison with the natural action, be named a storm; and there is a time when any one predisposed to deal in charms would willingly invoke a power to banish the pain-spirits did he but understand the magic formulæ of command. Would it not be wrong, therefore, if the operations for artificial birth were undertaken in a dare-devil manner, at least with the same indifference that many Gynaecologists (*sage-femmes?*) make incision into the *os uteri*, as a masterly stroke of art for the cure of sterility. I wished, in using the expression "little dangerous method," to have said only that the method, when put in use according to COHEN's project, with necessary care, contains nothing that can involve directly in its train, dangerous consequences. I might rather have recommended the uniform use of flexible tubes instead of the tin and bone ones mentioned by COHEN, a modification which COHEN himself has proposed, as a protection against the danger of a false passage (*i. e.* between the *decidua* and *uterus*), and which he recommended on a more recent occasion, when Prof. GRENSER and Dr. JACK communicated to him the unfortunate cases published by an over precise critic (*S. Monatschrift für Geburtskunde, Berlin, 1857*). These reported cases, in my view, are as little attributable to the method, as many unfavorable accidents in the various obstetric manipulations, even when they are carried out according to the letter of the law, if are neglected, the necessary foresight and patience, and, instead of these, haste and violence prevail. The adage, "*Duo si faciunt idem, non est idem*," suits nowhere better than here. Nowhere depends so much upon the *how* the application is made, as in obstetrical science; where, for the most part, the consequences are irreparable, and even the "detail-consequences," as evidences of irremediable injury, proceed as much from the sins of commission as of omission.

Abstracts and Selections from late Medical Journals.

Prepared for the Peninsular and Independent Medical Journal,
By M. A. PATTERSON, M.D., Tecumseh.

DIPHTHERIA.

In England, Diphtheria has become a common household word of fearful import. It is the name of a disease which has prevailed within that kingdom during the last two or three years with great severity, affecting children mostly, though in some localities it has swept away whole families.

In addition to former lengthy descriptions of this epidemic, spread through the European Medical Periodicals, we have before us thirteen of the large pages of the last London *Lancet*, devoted to the consideration of this "mysterious malady."

From these voluminous details we learn that our trans-Atlantic brethren have expressed very different views respecting its nature and origin. The vexed questions appear to be—Whether the disease is of domestic origin, or an importation from France of the veritable "diphtherite," originally described by BRETONNEAU; whether it is allied to the epidemic croupy throat affections which at different times have appeared in widely separated districts of the American continent, or an anomalous malignant variety of common sore throat, croup, scarlatina or erysipelas, homonymous in form, from interchange of types; whether it is of parasitic origin, the produce of the fungus *oidium albicans*, as gravely announced by Prof. LAYCOCK, or whether the parasitical adherents noticed by the learned Professor and others were incidentally attached as the disease progressed, and not the originators of the mischief; whether it is contagious or non-contagious; and, lastly, whether this is the first time the epidemic has visited England, or whether it is not, in reality, a disease described by some of the old writers as prevalent in Britain years ago, again revived and slightly modified by existing atmospheric influences.

As near as we can learn from the documents referred to, these questions are not fully settled. The weight of testimony, however, is decidedly opposed to the *oidium albicans* theory; and the most reliable authorities agree that the English "diphtheria" and the continental or French "diphtherite" are essentially similar; and from the brief descriptions of peculiar epidemic throat affections given by some of our old physicians, commencing with the epidemic of 1771, described by Dr. BARD, together with the recent testimony of Dr. CAMPBELL, the intelligent Editor of the *Georgia Southern Medical and Surgical Journal*, there are good grounds for concluding that similar epidemics have been observed from a somewhat remote period, in the United States. Should this

conclusion be sustained by the Profession of our country, it will strengthen the apprehensions already expressed, that this dangerous malady may again—perhaps soon—invade our land and visit our own households. In this view, the subject assumes an aspect of importance beyond its mere connection with the literature of our science. There is a striking uniformity in the symptoms of the disease, as described by the French and English writers, and, according to Dr. CAMPBELL, the cases observed by him in Georgia, in 1848, presented the same peculiar and unmistakable features. Dr. R. J. FOURGREAUD accurately describes this disease in the *Pacific Medical and Surgical Journal*, as it prevailed in the valley of Sonora, California, in 1856; and Dr. WILLARD, in the *Medical and Surgical Reporter*, states that cases of true diphtherite, of a most fatal character, have recently been noticed in Albany, New York.

Diphtheria expends its force upon the fauces and upper respiratory tract, producing what, in intelligible English, is called “membranous sore throat.” In dangerous cases the rapidity with which false membrane is secreted, and spread on the lips, fauces, and upper respiratory tract, as far even as the large bronchial tubes, distinguishes the disease from all other maladies. It may prevail in a sporadic, endemic, or in a wide-spread epidemic form; but, unlike croup, in either case, the earliest local symptoms and first deposit of false membrane appears above the windpipe. Speaking of the symptoms, Dr. RANKIN says:

“Sometimes the tonsils, soft palate, and uvula are seen to be simply red: and, on a casual view, nothing more would be noticed. But even in a few hours after the first feeling of uneasiness a more careful examination will disclose one or more white patches on the tonsil, not larger, perhaps, than a split pea, but enough to warn any one who has previously seen the disease that he has to arm himself for a conflict which the inexperienced would scarcely anticipate. This apparently insignificant patch (or patches) is, in fact, the diagnostic sign of the disease, and, unless checked speedily by appropriate treatment, is destined to spread over the whole soft palate, and too often to invade, with fatal effect, the trachea and larger bronchial tubes.

“In a certain proportion of cases we are warned by increased difficulty of breathing, attended with a *peculiar croupy sound*, that the *diphtheritic membrane* has spread to the larynx and trachea, producing a state of things which may be regarded as almost inevitably fatal.”

We have no space for descriptions of the treatment pursued by the foreign physicians, and can only add, that Dr. CAMPBELL found the local application of powdered alum and internal use of quinine “almost specific” in his cases of “diphtheritis.”

"ON THE MANAGEMENT OF THE SHOULDERS IN EXAMINATIONS OF THE CHEST."

DR. JOHN W. CORSON, late Physician to Brooklyn City Hospital, &c., has published, in the *N. Y. Journal of Medicine*, a valuable article on the above subject. His rules appear to us of much importance, especially as aids for detecting the incipient signs of consumption.

In the ordinary modes of exploration, the sounds at tops of the lungs are so frequently muffled as to greatly embarrass our diagnosis. Any rational measures, therefore, proposed to assist us in discovering early physical signs of this insidious disease are entitled to consideration.

The proper management of the shoulders can not be mistaken by attention to the following *Summary*:

1. That remembering the great value of many reputed "little things," in the science of saving life; and that the chests of *lean* persons give clearest sounds, and are best marked—we may seize this hint from nature, and increase the "physical signs," by either lessening or removing more especially those principal natural obstacles, the great pectorals in front, and the two scapulæ and their muscles behind.

2. This may be effected by using the arms as levers, and the hands as hooks to pull. The process, in each case, involves three principles—*thinning*, *condensing*, and *tightening*. It is illustrated by the simple experiment of placing one forearm of a muscular man behind his back, while the other hangs loosely by his side, when the sound, especially of percussion, will be found heightened below the clavicle of the stretched side in front.

3. That the suggestions here offered are not fanciful theories, but the results of practical observations on several hundred patients in private, and in two large Dispensaries, during the past year. The drawings, too were copied from nature. To throw back the shoulders and bare the whole front, we need the "*first position*." It is a repetition of the above experiment with *both* arms. *The left wrist is simply held easily with the right hand behind the loins*. This has many little advantages in obscure cases. It gives symmetry, gets rid of the arms, and fits the coat of flesh closely, like a bandage, for "inspection," makes it tense to increase the resonance of delicate percussion, and *conducts* better the sounds within. It thus aids in distinguishing the more difficult cases of tubercles, pleurisy, pneumonia, or aneurism.

4. That the "*second position*" is the common one of locking the hands over the head to examine the axillæ, and is mentioned to avoid omission. The "*third position*" crosses the arms at the back of the head, with the hands grasping near the elbows, so as to *hoist* the shoulder blades high up behind, and *thin* the muscles, to search for obscure or limited pleurisy or pneumonia low down near the diaphragm posteriorly.

5. It is very important early, in suspicious cases of cough, to examine carefully the *tops of the lungs behind*. For without any distinct signs in front, consumption, often thus mistaken for a mere throat affection, begins here. A few scattered tubercles are apt to *burrow*, as it were, beneath the top of the shoulder. Here we need the "*fourth position*." For this the patient crosses arms in front, slightly stooping, *hooks* the hands at the loins, or false ribs, and then stretching upward he holds fast to increase the tension. The physician aids from behind, by pressing down firmly the shoulders.

They are thus *slid off*, the muscles are smoothed down, and the ear, coming closer upon the top of the lung, hears better the sounds.

6. *As worth more than all the rest*, we commend the "*fifth position*," for by natural machinery it wrenches the shoulders forward *out of their beds*, and widely severs them in the rear. In thin persons it often thus stretches out their intervening muscles till, like stout broadcloth, it thus quite uncovers the inner and upper part of the lungs behind. To accomplish this the patient crosses arms in front, with the stronger outside, grasps with the opposite hands the *two shoulder joints*, pulls both strongly, and holds fast to keep them tense. The physician aids to fix the shoulder blades widely apart at the back by firmly pushing. Even in health, as any one can prove, the soft breathing murmur at the former place of the scapula can be thus nearly doubled. In tubercles it here opens a new field for *palpation*, and especially for *percussion*. It intensifies harsh respiration, or "fatty crackling." In pneumonia, it exaggerates the clear, barrel-like echo of "bronchophony," and in pleurisy that line between wind and water, the trembling "egophony." It brings out a delicate *new sign*, we have discovered, in bronchitis. It is a kind of prolonged liquid breathing, as if through a layer of wet sponge, heard before or after mucous râles, which we venture to name *moist respiration*.

7. Another new and really useful "physical sign" we have to communicate, is *the comparative stiffness of the shoulder over the lung most diseased, in strong breathing, seen and felt from behind*. For this we may use the "*sixth position*." Facing the back of patient, a yard distant, near a window or white wall, you tell him to drop his arms, let them hang easily by the sides, "as if dead," and then breathe deeply for a few moments, "like a man a little out of breath." You then "take aim," like a rifleman, across the tops of the shoulders, and then shut your eyes and feel them gently swell. Drawing nearer you notice that the "inferior angles" of the scapulæ move gently in breathing like the fins of a fish. You can both *see* and *feel* this movement. The *stiffness* of the shoulder in breathing may be decided, or slight, local, or general. When most at the top, we term it, for convenience, "acomial," and when most at the lower extremity, or inferior angle, we call it "angular." Curiously enough, these last features seem to depend on the higher or lower location of the disease which thus, as it were, *paralyzes the parts nearest*. An elegant way of testing "angular stiffness," even in a lady fully clad, is to place your two index fingers on the lower points of her shoulder blades, and watch and feel their movement as she sighs. The causes of this stiffness are supposed to be *loss of upward expansion* in the lung, tenderness, pleuritic adhesions, and weight of morbid deposits. A table of eighteen cases is added, illustrative of this sign. It was least in recent attacks; varied most in phthisis; was slightest in pneumonia, and greatest in chronic pleurisy.

8. A statement of measurements of ten males, shows the gain in inches and decimals, by "third," "fourth," or "fifth," positions respectively, between the inferior angles of the scapula and the lowest lumbar vertebra: the "superior angles" and the vertebra prominens of the neck and between the two upper and the two lower angles of the scapula. Of the whole of the six positions, the first, fourth, *fifth*, and sixth are the most frequently useful. The others apply to particular cases. Taking into account the pulmonary complications of other diseases as well as the range of "chest disease," it is believed these various improvements, slight as they seem in detail, really throw light, perhaps, upon many forms of *one-third of the fatal maladies of the race*.

9. On account of its fearful importance, it is hoped they will mainly

benefit *tubercular consumption*. Tracing, faithfully by various "marks," and the unhealthy habits of the patient, the agencies leading to the two prevailing causes, *feeble organization* and *depraved nutrition*—by prompt reform of abuses, generous *animal food*, and free exercise in the *open air*, with tonics and *cod-liver oil*—we may do much to arrest the disease. *Occasionally we may cure*. The encouraging researches of Hughes Bennett, and Messrs. Rogée and Boudet show that from the numerous chalky concretions, puckerings, and cicatrices found at the tops of the lungs in very aged persons, it is probable that *about one-half have recovered* from more or less tubercular deposits during their lives. Four living cases, from several others, are reported by the writer, of arrest or cure of phthisis of several years' standing. The great question of this paper then is, *What may be the result of average notice, say three months sooner?* Time only can tell. Each physician who reads this is earnestly requested to aid by a faithful trial of this system of examinations in at least *three suitable cases*. The malady is still widely and deplorably fatal. From extensive trial, we firmly believe that, simple as they may seem, this *management of the shoulders*, these expedients for *thinning, condensing, and tightening the fleshy walls of the chest*, add fully one-third to our power of detecting the earliest signs of *consumption*.

ORTORRHEA AND ARTIFICIAL TYMPANUMS.

In the April No. of the *American Medical Monthly*, we notice some judicious remarks on these subjects, by Dr. J. HENRY CLARK.

Muco-purulent discharges from the ears may be generally and seasonably arrested by proper early treatment, and the prospect of a life-long, loathsome disease, with partial or total deafness, prevented. The following remarks are sensible, and to the point:

"If the ear received the same watchful attention during an attack of scarlatina, and subsequently, a smaller number of children would be permanently deaf; and if the cases were followed up by the treatment of the anæmic condition that frequently ensues, fewer tympanums would be destroyed. The worst cases of scarlatina occur in scrofulous subjects, in which measures termed anti-phlogistic would be inadmissible. The prompt administration of tonics and anti-scrofulous remedies, with due regard to the condition of the bowels, with counter-irritation behind the ears, will generally prevent mischief.

"Some physicians discourage the treatment of the discharge after recovery from the eruptive disease of childhood, and in this way induce fatal neglect. Parents are told that 'the child will outgrow it,' that it will get no worse, that it is dangerous to arrest the discharge, and are sometimes advised to stuff the meatus with cotton, and wait for time and improved health to do the rest. The truth is, these cases *do seldom improve without interference*. It is just as safe to arrest a discharge in this situation as in any other. It is dangerous, highly so, not to do it just as soon as it can be poned in a proper, legitimate manner. It is dangerous to life, as well as to the faculty of hearing, to permit the discharge to continue, while it is to the highest degree unpleasant and mortifying to a sensitive patient. If the discharge must continue, it is better, far better, not to put cotton in the ear. That hole was never designed to be stuffed. Cases could be cited which have recently come under our own observation, in which a cure was

effected by simply removing the cotton and ordering a discontinuance. * * With regard to the treatment of these cases, unless produced by morbid growths, we rely upon astringents and alternatives locally applied, with constitutional treatment if required. It is frequently a mere local disease.

"In a majority of cases of otorrhœa occurring in adults, the tympanum is ruptured or partially obliterated. When the disease is fully arrested, the discharge wholly ceases, and the surface that has secreted a muco-purulent fluid, furnishes wax. After the first stage of cure is passed—during which the hearing is impaired, rather than improved, because the fluid afforded a medium for the transmission of sound to the internal ear—the artificial tympanum may be used often with manifest advantage."

By way of encouraging those who may have cases of this nature under their charge, in the persevering use of local, and, when indicated, constitutional treatment, we add the following:

"On referring to our record, which includes patients of nearly every age, from a few months to full maturity, we conclude that if the patient is under ten years of age, six months may be named as the possible limit of the continuance of the disease. It is oftener cured in less time. If the patient is under fifteen, nine months may be named, with the expectation of effecting a cure in less time. If over fifteen, one year is the least period of time that it is safe to calculate upon, and if older, it may require years; but if patience does not fail, a cure may be promised as likely to result. As is true of all diseases, some cases, in the present state of our knowledge, are incurable, but they are believed to be very rare."

After alluding to YEARSLEY's moistened cotton plug, and TOYNBEE's *spherical* rubber drum, Dr. CLARK recommends, as generally preferable to these, an egg-shaped or elliptical artificial tympanum of his own invention, which may be procured of Mr. TIEMANN, Chatham street, N. Y. A perfect artificial tympanum, however, is still a desideratum, and the following closing remarks call upon Yankee ingenuity to tax its best powers for the relief of the afflicted:

"It would seem as if the bladder of some animal, or some other unexamined material, would furnish the article required for the best artificial tympanum. If we can succeed in stimulating to more diligent inquiry in this direction, our whole object will be accomplished. We should be glad to see a better drum than the one that we introduce. In the meanwhile, we would beg for it a fair trial."

PURULENT OPHTHALMIA.

M. DECONDE, a Surgeon in the Belgian army, recommends the introduction of a thin slip of wadding beneath the upper eye lids to prevent the heated, rough, and pus flooded surface of the lids from direct contact with the eyes. He regards this immediate contact of the lids, covered as they generally are with acrid pus, a main cause of the excessive irritation and frequent disorganization of the cornea. The slip of wadding may be medicated before its introduction with one of the following articles, the therapeutic effects of which are thus explained:

1. Cod-liver oil exercises a powerful action in diseases of the mucous membranes, modifying and suppressing their secretions. It strengthens the fibrous tissues of the eye and the cornea, and tends to prevent ramollissement. It is especially in ulceration and chronic ramollissement of this membrane that this double action is perceived.

2. The red precipitate ointment (four parts to fifteen of lard and fifteen of linseed oil), is an excellent substitutive agent, sufficing alone to arrest the disease, when applied early. It is the best remedy for cutting short the ophthalmia of new-born infants.

3. A solution of chloride of lime (thirty parts to two hundred of water), is an energetic modifier, neutralizing with certainty, the virulence of the secretions.

4. Perchloride of iron exerts an instantaneous hæmostatic effect upon the hæmorrhagic mucous membrane, and an indubitable modifying influence upon the mucous secretion.

[Annals d'Oculistique—Trans. for Br. & Foreign Med. & Chir. Review.

THE TWELFTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

LOUISVILLE, May 3, 1859.

THE Association met at eleven o'clock A. M. in Mozart Hall, the President, Dr. Harvey Lindsley, of the District of Columbia in the chair, supported by Drs. W. L. Sutton, of Kentucky, Thomas O. Edward of Iowa, Josiah Crosby, of Massachusetts, and W. C. Warren, of North Carolina, as Vice-Presidents, with Drs. Alexander J. Semmes, of the District of Columbia, and S. M. Bemiss, of Kentucky, acting as Secretaries. Dr. Caspar Wistar, of Penn., Treasurer, was also in attendance.

The President announced the Rev. Mr. Robinson, of Louisville, who opened the proceedings with prayer.

Dr. Robert J. Breckinridge, chairman of the committee of arrangements, then welcomed the delegates to the city.

Prof. Joshua B. Flint of Louisville, accompanied by Drs. Sutton, Chipley, Spillman, and Snead, then came forward and addressed the President as follows:

Mr. President: At a late annual meeting of the "State Medical Society of Kentucky," the following resolution was unanimously adopted, and the gentlemen before you, all of them ex-Presidents of the Society, constituted a committee charged with carrying it into effect:

Resolved, That ——— be a committee to wait upon the A. M. Association, so soon as it shall have opened its session in Louisville, and in behalf of this Society bid it welcome to the medical jurisdiction of Kentucky, assure it of the cordial interest of the profession of the State in the objects and purposes of its institution, and of the readiness of this Society to co-operate in all its endeavors to promote the honor and usefulness of our common calling.

In regard to assurances of welcome, Mr. President, so far as they apply to yourself and your associates, as individual guests of your Kentucky brethren, those gentlemen would hardly pardon me for adding a word to the general terms of the resolution. Already, if I mistake not, there are demonstrations of the spirit of hospitality, which render any assurances on that subject worse than superfluous.

But I am happy to assure you, Mr. President, that the Association over which you preside, in its corporate capacity, with its well known purposes and ends, will find an equally cordial reception in the general community which it has now honored with its presence. The people of Kentucky, Sir, are generally supposed to appreciate as it deserves every enterprise of a public spirited or philanthropic character which presents itself to their notice, and I think I may say especially disposed to befriend the cause of Medical Education. They have certainly done somewhat a little to their credit in evidence of their intelligent interest in Medical Science and the best means of its advancement. Through the munificence of the State, in one case, and of this liberal city in the other, two medical libraries have been procured in Kentucky, each of which is superior to any and all the public collections of medical books that can be found in most of the other States of the Union. Not more than two of our sister States, so far as I can learn, can be compared with us in this interesting particular.

One of those Libraries, belonging to the Medical Department of the University of Louisville, as its best estate, numbering 4,000 volumes, you will doubtless visit during your sojourn among us; and, although much defaced and mutilated by the conflagration which laid that institution in ruins two years ago, you will still find it to be a large and choice collection—adequate to the requisitions of medical research, and presenting satisfactorily the course of medical literature from the time of Hippocrates to the present day.

The other library to which I refer belongs to the Medical Department of Transylvania University, and contains 8,000 volumes. I hope that not a few of the members of the Association before leaving Kentucky will find their way into that also, in the course of a visit to the beautiful inland city in which it is located—a city distinguished throughout the land for the general intelligence and refinement of its population, as well as for the eminent public men who have signalized it as their home; but to medical men, not only of our own, but of foreign countries, especially memorable as the residence of the great lithotomist of our day and surgical patriarch of the West—Benjamin W. Dudley.

Such benefactions as these to the means of medical study, attest, as I have already intimated, so enlightened an interest in the improvement of our Profession as to guarantee not only a welcome to the Association which represents it, but efficient co-operation in its endeavors on the part of the Profession and people of Kentucky.

May your present session, Mr. President, be an agreeable one to the members of the Association, and prove eminently beneficial to the interests of American medicine.

The Secretary, Dr. Bemiss, then called the roll of the members of the Association, and two hundred and forty gentlemen were in attendance.

The President then appointed the following gentlemen a committee on voluntary essays: Drs. L. P. Yandell of Kentucky, Bryan of Philadelphia, and Comegys of Ohio.

Dr. R. J. Breckinridge, from the Committee of Arrangements, announced the hours of business from 9 A.M. to 12 M., and from 3 P. M. until

such hour as the Convention should adjourn upon resolution, which arrangement was adopted.

Dr. Harvey Lindsley, the President of the Association, then read his retiring Address, which was listened to with marked attention, and was an eloquent tribute to the dignity of the medical profession and the importance of its improvements.

After he had concluded, Dr. Landon A. Smith of New Jersey, moved that the thanks of the Association be tendered to the President for his able and eloquent address, and it was ordered to be placed in the hands of the appropriate committee, for publication among the proceedings of the meeting.

Dr. Caspar Wistar, chairman of the Committee on Publication, read the Annual Report; and, on motion of Dr. Sayers, of New York, the following resolutions, appended to it, were unanimously adopted:

Resolved, That hereafter every paper intended for publication in the Transactions must not only be placed in the hands of the Committee of Publication by the 1st June, but it must also be so prepared as to require no material alteration or addition at the hands of the author.

Resolved, That authors of papers be required to return their proofs within two weeks after their reception, otherwise they will be passed over and omitted from the volume.

Adjourned until 3 o'clock P.M.

AFTERNOON SESSION.

Dr. W. L. Sutton, one of the Vice-Presidents, took the chair in the absence of the President.

Dr. D. Meredith Reese, of New York, chairman of the Committee on Nominations, reported the following officers for the ensuing year:

President—Henry Miller, of Kentucky.

Vice - Presidents — H. F. Askew, Delaware; Chas. S. Tripler, U. S. Army; L. A. Smith, New Jersey; Calvin West, Indiana.

Treasurer --- Caspar Wistar, Pennsylvania.

Secretary --- S. M. Bemiss, Kentucky.

Dr. Sayre, moved the adoption of the Report, which was unanimously agreed to.

Dr. Brainard, of Illinois, moved the appointment of a committee to conduct the newly appointed officers to their respective chairs. The acting-President selected Drs. Brainard, of Ill., Mattingly, of Ky., Sutton, of Ind., McDowell, of Mo., and R. J. Breckinridge of Ky., and they accordingly performed the duties assigned to them.

The newly-elected President, on taking the chair, addressed the Convention in substance as follows:

Gentlemen of the American Medical Association: I am wholly at a loss to command language to express the deep sense of obligation put upon me by calling me to the Presidency of your Association. It is an honor any man may well be proud of, and although I admit, in all sincerity, that you might without difficulty have selected an individual more worthy the position, I may be allowed to say you could not have conferred it upon one who would prize it more highly or cherish it longer with the most grateful recollection. I do esteem it the greatest honor ever conferred upon me by the Profession that I love and to which I have devoted a long life; nay, more—it is the greatest honor that could be conferred upon any man by the medical or any other profession in this or any

other country; for any decoration of honor or any mark of approbation conferred by a crowned head I should regard as a bauble in comparison. Who are you, gentlemen, when rightly considered? You are the rightful representatives of the great American Medical Profession—an army forty thousand strong, and a body of men, no matter what captious criticism may say in disparaging comparison with the European branch of the profession, in my humble judgment, far superior to the same number of medical men to be found in any quarter of the globe. Although as a body you may not be so learned, so critically and nicely framed in all the minutiae of the Profession, yet, for strength, integrity, and precision in all the great principles guiding to a successful combat with disease, this body is equal, if not superior, to that of any kingdom of continental Europe.

To be called to the Presidency of such a body of men, is in my sober judgment, the greatest compliment that could be conferred upon mortal man, provided that man is a devotee of medicine, who has given his whole mind, soul, heart, and strength individually to the Profession, and has that high regard for it which will not suffer any less noble pursuit to interfere with the daily though laborious duties of the Profession. Coming so recently from a sick bed, and still enfeebled in health, I beg to be excused from further remarks, and desire you to accept this brief and imperfect acknowledgment of the distinguished honor conferred upon me, instead of what, under other circumstances, I might be disposed to say.

The President, after this graceful Address, sat down amid much applause; when Dr. R. J. Breckenridge moved that the thanks of the Association be tendered to the retiring officers for the faithful and assiduous manner in which they have conducted the business committed to their charge; which was unanimously adopted.

A long and discursive debate then ensued on the admission of members by invitation. The plan of organization permits practitioners of respectable standing from sections of the United States, not otherwise represented at the meeting, to receive appointment, by invitation, of the meeting, after an introduction from any of the members present, or any absent permanent members, to hold connection with the Association until the close of the annual session at which they are received, and to be entitled to participate in all its affairs as in the case of delegates. The point of difficulty seemed to be whether the invitations should be extended by the Committee of Arrangements or by open vote of the Association. It was finally settled by referring all the applicants' names to the Committee on Arrangements.

Dr. J. B. Lindsley, of Tennessee, offered the following:

Resolved, That a committee of three be appointed by the Chair to inquire into and report upon the propriety of dividing the Association into sections, for the purpose of performing such parts of its scientific labors as may relate to particular branches of medicine and surgery.

Dr. Brodie moved its reference to the Nominating Committee.

Dr. Brainard explained at some length the object of the resolution of inquiry, and enforced its adoption as the means of giving more effect and usefulness to the proceedings of the Association, the reports of which had heretofore gone out unmaturing, in consequence of the want of concentrated action.

A motion by Dr. Sayre to lay the motion on the table was negatived, and the motion of Dr. Lindsley was then adopted.

Dr. Davis moved that no person be permitted to speak more than twice on the same subject, or more than ten minutes at one time, except by consent of the Association; which was adopted.

The Standing Committee on Prize Essays was called on for their Report, but without a response. This was also the case with the Committee on Medical Education. The Committee on Medical Literature had no Report to present.

A letter from Dr. J. G. F. Holston, of Ohio, Chairman of the Special Committee on the Microscope, was read, reporting progress, and begging a continuance for more extended investigation, which was referred to the Committee on Nominations.

A letter from Dr. Stephen Smith, of New York, from the Special Committee on Medical Jurisprudence, had the same reference.

The Special Committee on Quarantine was not ready to report.

Dr. Mattingly, of Ky., from the Special Committee on Diseases and Mortality of Boarding Schools, asked a continuance until next year, in order to obtain further information requisite to the full investigation of the important subject. The request was referred to the Committee on Nominations.

The Special Committees on Surgical Operations for the relief of Defective Vision, on Milk Sickness, and on the Blood Corpuscle had the same reference.

A Report from the Committee on Medical Ethics, signed by Dr. John Watson, of New York, was read, laid on the table, and made the special order for to-morrow, at 12 o'clock M. This is an important subject, and will probably give rise to much debate to-day. We publish the Report in full, as follows:

To the American Medical Association:

The Committee on Medical Ethics beg leave to state that, of the subjects referred to them at the last meeting of the Association, they find the following notice in the minutes:

"Dr. Grant, of New Jersey, presented a complaint made by the Newark Medical Society against the New York Medical College, for a violation of the ethics of the Profession. Dr. Edwards, of Iowa, presented a similar complaint, and Dr. Oakley, of New Jersey, a complaint from the Union and Essex County Medical Society."—[Transactions, Vol. XI. p. 41.]

Upon these several complaints your Committee beg leave most respectfully to report:

That the two complaints from the Medical Societies of New Jersey refer only to one and the same grievance, the particulars of which are set forth in a memorial which was presented to the American Medical Association on the 6th of May, 1848, and which is entitled, "Statement of the Newark Medical Association in Reference to a Diploma granted by the New York Medical College."

The facts stated in this memorial which is now appended to this Report, were, during the last annual meeting of the American Medical Association, examined as carefully as time and opportunity would allow. The charges therein contained against the New York Medical College were admitted to be true by Dr. Horace Green, President of said college, who, in apology for the same, submitted a written statement to your Committee, which was at the time accepted as satisfactory by the gentlemen then present before your Committee on behalf of the parties aggrieved; and being afterwards presented with a verbal report by the Committee, was received and entered upon the minutes in the following terms:

"Whereas, it appears from undoubted testimony that the New York Medical College have conferred the degree of Doctor of Medicine upon a notorious quack of the name of John F. Dunker, of Newark, the Faculty, in the person of the President of said College, wish here to declare, that the degree was obtained under gross deception and false testimonials furnished by said Dunker and his friends: and they therefore revoke and annul his diploma, and declare said Dunker to be unworthy of patronage or support from authority conferred upon him by this diploma."—[Transactions, Vol. XI. p. —.]

These complaints being thus disposed of, your Committee have only to add in reference to them that the memorial presented to the American Medical Association from the Newark Medical Association is worthy of special notice, as setting forth the negligent manner in which mere verbal and hearsay statements are at times accepted in place of authentic written testimonials, from individuals presenting themselves as candidates for the honors of our Profession at some of the Medical Colleges of this country. In this

respect there is reason to believe that the New York Medical College does not stand alone : and the publication of the accompanying memorial may be of service in putting a permanent check to this crying evil.

The only other complaint referred to your Committee was that presented by Dr. Edwards, of Iowa, preferring a charge from the Dubuque Medical Society against one of her members who had been expelled for an alleged infraction of the code of medical ethics. This complaint does not appear to be of such a character as to require adjudication here. It has, since the last annual meeting of the American Medical Association, been adjudged by the Iowa State Medical Society [see Transactions of the annual meeting of said Society, published at Dubuque, Iowa, 1858], and having been then settled in the State in which the parties reside, it should now be dismissed.

All of which is respectfully submitted.

JOHN WATSON, M.D., Chairman.

NEW YORK, April 28, 1859.

Continuances were asked by the Committees on the Pons Varolii, Medulla, Oblongata, and Spinal Marrow—their Pathology and Therapeutics; on American Medical Neurology; on the Hygienic relations of Air, Food, and Water, the Natural and Artificial Causes of their Impurity, and the best methods by which they can be made most effectually to contribute to the Public Health; on the Effect of the Virus of Rattlesnakes, &c., when introduced into the system of the Mammalia; on the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and Diseases generally; on the Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases; on the Physiological Effects of the Hydro-Carbons; on Epilepsy; on the Causes of the Impulse of the Heart, and the Agencies which influence it in Health and Disease; and on the best substitutes for Cinchona, and its Preparations in the Treatment of Intermittent Fever, &c.; all of which were referred to the Committee on Nominations.

The Special Committee on Government Meteorological Reports made a Report, written by Dr. R. H. Coolidge, of the U. S. Army, but read by Dr. Paul F. Eve, of Tennessee, which was referred to the Committee on Publication.

The Committee, appointed in May, 1857, on Criminal Abortion, submitted a Report, written by Dr. Storer, of Boston, which was read by Dr. Blatchford, of New York, and referred to the Committee on Publication. The following resolutions appended to this Report were unanimously adopted:

Resolved, That while physicians have long been united in condemning the act of producing abortion, at every period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this Association, in view of the prevalence and increasing frequency of the crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life.

Resolved, That in pursuance of the grand and noble calling we profess—the saving of human lives—and of the sacred responsibilities thereby devolving upon us, the Association present this subject to the attention of the several Legislative Assemblies of the Union with the prayer that the laws by which the crime of procuring abortion is attempted to be controlled may be revised, and that such other action may be taken in the premises as they in their wisdom may deem necessary.

Resolved, That the Association request the zealous co-operation of the various State Medical Societies in pressing the subject upon the Legislatures of their respective States, and that the President and Secretaries of the Association are hereby authorised to carry out by memorial these resolutions.

The Convention then adjourned until to-morrow morning at 9 o'clock.

SECOND DAY'S PROCEEDINGS.

WEDNESDAY, May 4, 1859.

The President, Dr. Miller, called the Association to order at 9 o'clock.

Dr. D. Meredith Reese, chairman of the Committee on Nominations, called attention to the fact that the Committee could not act definitely

until the place for next year's meeting should be designated. He stated also that the Medical State Society of Connecticut had requested that an amendment to the Constitution, proposed two years since, should be taken from the table, relative to the time of meeting.

It was moved by Dr. Blatchford, and seconded by Dr. Sayre, that the amendment to the third article of the Constitution be taken up, which proposes to add after the words "first Tuesday of May" the words "or first Tuesday of June," and after the words "shall be determined" add the words "with the time of meeting."

The amendment was adopted by a constitutional vote.

Dr. D. M. Reese also stated that the Connecticut State Society had extended a pressing invitation to the Association to hold its next meeting at New Haven; which invitation was referred to the Committee on Nominations.

Dr. Reese also called attention to the necessity of some radical change in the mode of appointing committees to prepare treatises on scientific subjects to be reported at the annual meetings. It had been seen, that, on yesterday, a large majority of the committees made no reports, and did not even see proper to send in any communication explanatory of delay. The difficulty heretofore has originated in the mode of selection adopted by the Nominating Committee. It has been customary for gentlemen to hand in their names and the proposed subjects on slips of paper, and the committee, without further investigation, have so published in the annual reports. Thus it has happened that appointments have been most injudiciously made, and gentlemen to whom a special duty has been assigned have been found to know less of that than any other subject. He therefore hoped that no committee of last year would be re-appointed or continued from which no Report had been had and no communication received.

On motion, the Nominating Committee was unanimously instructed to act upon the suggestions of the chairman, who also stated that there should be some definite expression of disapprobation as to the course of those gentlemen who had volunteered essays, and had their names reported in the newspapers and spread over the land, and then paid no further attention to the matter.

Dr. Flint, from the Committee on Prize Essays, begged leave to report that they had received four dissertations in time for a careful and thorough examination, and two others, quite voluminous, only two days before the meeting of the Association. The latter we have felt constrained to exclude altogether from the competition of the present year, on account of the absolute impossibility of reading them with a critical purpose and effect. The others have been carefully examined by all the surviving members of the Committee—one estimable associate, Dr. Evans, having been called from all his earthly labors before the active duties of the Committee began.

More than one of the four essays we have examined exhibited much labor, and a commendable scholarship in their preparation—are voluminous, and in some respects very meritorious papers; but, in the unanimous judgment of the Committee neither of them possess the degree and species of merit which should entitle its author to the Association Prize.

The Committee beg leave furthermore to report that, in their opinion, and as the suggestion of their own recent experience, the Association should determine, in more precise and formal manner than has yet been done, the terms and conditions of competition and of success in the contest for prizes, for the government alike of contestants and the committee of adjudication, and that a committee be now appointed to consider and report upon that subject.

Dr. Gordon, of Ohio, from the Committee on Epidemic Cholera, made an interesting written Report; which was read, approved, and referred to the Committee on Publication, and the request of Dr. Gordon, that the Committee be continued, was referred to the Committee on Nominations.

Dr. J. B. Lindsley, Chairman of the Committee appointed to inquire into the propriety of dividing the Association into sections, for the better performance of its work in considering the various branches of medicine and surgery, recommended the adoption of such a plan as being indispensably necessary to making this body a working scientific association. They do not deem it necessary to enter into any argument in favor of this plan, it being the one already universally adopted by similar bodies. They would simply recommend, for the present, a division into the following sections, as being most suitable to facilitate the transaction of business, viz.:

1. Anatomy and Physiology.
2. Chemistry and Materia Medica.
3. Practical Medicine and Obstetrics.
4. Surgery.

The Committee do not propose that this subdivision of labor shall in any manner interfere with the regular business of the Association as now conducted; but only that after having assembled each day in general session, each section shall meet separately for the purpose of hearing and discussing papers on such subjects as properly belong to them, and they therefore recommend that the Committee of Arrangements for the ensuing year be requested to provide suitable accommodations for the services of these sections, and that each of said sections shall be authorized to make such arrangements as may be required for the proper transaction of its business.

This Report was considered, and adopted after a very able speech in its support by Dr. Davis.

Dr. J. W. Singleton, of Ky., moved the suspension of the rules for the introduction of the following:

Resolved, That in the death of Dr. A. Evans, of Kentucky, the Association has lost one of its most manly and efficient members, and society a friend and benefactor.

The resolution was unanimously adopted.

Dr. W. L. Sutton, under the resolution appointing a Committee on registration of births, marriages, &c., proposed a plan of general action, an abstract of which he read on motion of Dr. Gibbs, of S. C., and on motion of Dr. L. P. Yandell the subject was referred to a committee, to report during the present session.

Drs. Sutton, Lindsley, W. R. Gibbs, Bryan, Pitcher, and Crosby were appointed such committee.

Dr. Blatchford stated that he had received from Dr. Willard, Secretary of the New York State Medical Society, 50 volumes of their Transactions for 1859, for distribution to the Medical Press, the Medical Colleges, and all Medical Societies of the South, and sent with a request for an interchange of civilities. Gentlemen present can be supplied by application to Dr. Bemiss, and if the number sent be not sufficient for the supply they will be cheerfully forwarded to any gentleman by application to the Secretary, Dr. S. D. Willard, Albany, N. Y., the postage being included in the application, which is twenty-two cents.

A voluminous report from Dr. Thomas Logan, of California, on Medical Topography and Epidemics, was received, and referred to the Committee on Publication.

The Chairman of the Committee on Voluntary Essays stated that he had received a paper on a case of extra-uterine foetation from Dr. Enos

Hoyt, of Transylvania, Mass., and another on a case of accidental poisoning by strychnine from Dr. Douglas Bly, of Rochester, N. Y. He also presented a very voluminous paper, entitled "Observations on some of the changes of the Solids and Fluids in Malaria Fever, by Joseph Jones, Prof. of Medical Chemistry in the Medical College of Georgia, at Augusta." By request, Prof. Jones gave a verbal abstract of his paper and an exposition of his theory; and on motion of D. W. Yandell the communication was referred to the Committee on Publication.

Dr. D. W. Yandell announced that the following railroad companies had agreed to pass delegates to this Convention over their roads at half price: Pittsburgh, Fort Wayne, and Chicago; Pennsylvania Central; Jeffersonville; New Albany and Salem; Louisville and Nashville; and Cleveland and Pittsburgh.

On motion, a vote of thanks was tendered to these companies for their liberality.

Dr. J. B. Flint offered the following resolution:

WHEREAS, Our brethren of Great Britain are engaged in erecting a monument to the memory of John Hunter, whose invaluable services in behalf of Physiology and Surgery are recognized and honored, as well on this side of the Atlantic as in Europe; and whereas, this Association, as the representatives of American Medicine, would rejoice in some suitable manner to participate in so grateful a testimonial of gratitude and respect; therefore,—

Resolved, That a committee of three be appointed to consider in what manner this participation can best be effected, so as to be acceptable to our British brethren, and consistent with our own means and opportunities of action, with instructions to report at the next annual meeting.

The resolution was adopted; and Drs. Flint, Bowditch, and Shattuck appointed as the Committee.

Dr. Harvey Lindsley offered the following:

WHEREAS, Parliamentary rules of order are numerous, complicated, sometimes obscure, and often inapplicable to such a body as the American Medical Association; and whereas, from the nature of the pursuits of medical men, they can not be familiar with these rules: Therefore,—

Resolved, That a Select Committee of three members be appointed to prepare a system of rules for the government of this Association, as few in number, as concise and perspicuous as possible, to be reported to the next annual meeting.

This resolution was adopted, and Drs. Lindsley, Comegys, and Blatchford appointed as the Committee.

The paper of Dr. Bly, on Accidental Poisoning by Strychnine, was read by its author; and as individual cases are not reported in the journals of the Association, thanks were returned for the communication, with a request that it be published in some medical journal.

An invitation from Grand Master Morris, of the Masons, was received, urging Medical brethren to attend the Masonic Convention now in session in this city.

The Nominating Committee made the following report:

The next annual meeting to take place at New Haven, on the first Tuesday of June, 1860. Dr. Eli Ives is elected Junior Secretary.

Committee of Arrangements—Drs. Chas. Hooker, Stephen G. Hubbard, and Benjamin Sullivan, Jr., with power to add to their numbers.

Committee on Prize Essays—Drs. Worthington Hooker, Conn.; G. C. Shattuck, Mass.; Usher Parsons, R. I.; P. A. Jewett, Conn.; and John Knight, Conn.

Committee on Publication—Drs. F. G. Smith, Philadelphia, Pa.; Wistar, do.; Bemiss, Louisville, Ky.; Ives, New Haven, Conn.; Hollingsworth and Hartshorne, Philadelphia, Pa.; and Askew, Wilmington, Del.

Committee on Medical Literature—Drs. Henry Campbell, Ga.; D. F. Wright, Tenn.; O. Wendell Holmes, Mass.; S. G. Ormer, Ohio; and W. H. Byford, Ill.

Committee on Medical Education—Drs. D. M. Reese, New York; W. R. Bowling, Tenn.; Chas. Fishback, Ind.; John Bell, Penn.; Z. Pitcher, Mich.

The following Special Committees were appointed:

On Morbus, Coxarius, and Surgical Pathology of Articular Inflammation—Dr. Lewis A. Sayre, of New York.

On the Surgical Treatment of Strictures of the Urethra—Dr. James Bryan, of Philadelphia.

On Drainage and Sewerage of Large Cities, their Influence on Public Health—Drs. A. J. Semmes, D. C., chairman, Cornelius Boyle, and G. M. Dove.

On the Periodicity of Diseases Prevailing in the Mississippi Valley—Dr. J. W. Singleton, of Smithland, Ky.

On Puerperal Tetanus, its Statistics, Pathology, and Treatment—Dr. D. L. McGugin, of Keokuk, Iowa.

On Hospital Epidemics—Dr. R. K. Smith, of Philadelphia.

On Puerperal Fever—Dr. J. N. Green, of Stelisville, Ind.

On Anæmia and Chlorosis—Dr. H. P. Ayres, of Fort Wayne, Ind.

On *Veratrum Viride*—Dr. James B. McCraw, of Richmond, Va.

On Alcohol, Its Therapeutical Effects—Dr. J. R. W. Dunbar, of Baltimore, Md.

On Meteorology—Dr. J. G. Westmoreland, Atlanta, Ga.

On Milk Sickiness—Dr. Robert Thompson, Columbus, Ohio.

On Manifestations of Disease of Nerve Centres—Dr. C. B. Chapman, Wisconsin.

On the Medical Topography of Iowa—Dr. T. O. Edwards, Iowa.

On Microscopic Observations on Cancer Cells—Dr. Geo. D. Norris, New Market, Ala.

On the Philosophy of Practical Medicine—Dr. Chas. Graham, Cincinnati, Ohio.

On Some of the Peculiarities of the North Pacific and their Relations to Climate—Dr. Wm. H. Doughty, Ga.

The following special committees were continued or altered:

On Microscope—John C. Dalton, jr., N. Y.; David Hutchinson, Ind.; A. R. Stout, Cal.; Calvin Ellis, Mass.; Christopher Johnson, Md.

On Diseases and Mortality of Boarding Schools—Dr. C. Mattingly, Ky.; and Dixi Crosby, N. H.

On the Various Surgical Operations for the Relief of Defective Vision—Drs. M. A. Pullen, Mo.; T. J. Cogley, Ind., and W. Hunt, Penn.

On the Blood Corpuscle—Dr. A. Sager, Michigan.

On American Medical Necrology—Dr. C. C. Cox, Maryland.

On the Hygienic Relations of Air, Food, and Water, the natural and artificial causes of their impurity, and the best methods by which they can be made most effectually to contribute to the public health—Dr. C. C. Cox, Maryland.

On the Effect of Virus of Rattlesnake, &c., when introduced into the system of Mammalia—Dr. A. S. Payne, Virginia.

On the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and diseases generally—Dr. O. Harvey, California.

On the Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases—Drs. W. H. McKee, North Carolina, and C. F. Heywood, New York.

On motion of Dr. Brodie, Dr. A. J. Semmes was requested to serve as Secretary pro tem. during the remainder of the session.

The Association took up the special order, being the report on Medical Ethics, to which had been referred the action of the Dubuque Medical Society, which, after debate, was laid over until 12 o'clock to-morrow.

Amendments to the Constitution of the Association were then taken up, and a provision was acted upon that no individual who shall be under sentence of expulsion or suspension from any State or Local Medical Society, of which he may have been a member, shall be received as a

delegate to this body, or be allowed any of the privileges of a member, until he shall have been relieved from such sentence by such State or Local Society. This amendment to the Constitution was adopted.

The next amendment, lying over from last year, was the proposition of Dr. Kyle, of Ohio, —

That the Constitution of the Association be so amended as to prohibit the admission as a delegate or the recognition as a member of any person who is not a graduate of some respectable medical college.

This amendment was rejected; but, on the question of reconsideration, a long and animated debate ensued, which called forth all the oratorical abilities and much of the personal feelings of the delegates. Without arriving at a vote, the Association adjourned for dinner.

The following gentlemen have been admitted to the Association as members by invitation:

Indiana: B. C. Rowan, N. D. Field, John S. Rowe, R. Curran, D. Wiley, J. A. Windle, A. V. Talbot, J. W. Davis.

Ohio: W. C. Hall, N. B. Davis.

Tennessee: J. M. Brannoch.

Kentucky: W. N. Garther, S. B. Fields, W. S. Cain, J. A. Hodge, S. B. Merrifield, Joshua Gore, H. M. Berkeley.

Missouri: J. M. Allen.

Alabama: Dr. Boylman, Dr. Turney.

New Hampshire: David Kay.

United States Army: Charles S. Tripler.

AFTERNOON SESSION.

Upon the re-assembling of the Association, the discussion was renewed on the motion to reconsider the vote by which the amendment to the Constitution was negatived, prohibiting the admission as a delegate or the recognition as a member of any person who is not a graduate of some respectable medical college.

Dr. Kincaid moved a further amendment, to insert the word "hereafter" after "prohibiting."

Dr. Askew, of Delaware, one of the Vice-Presidents in the chair, ruled the amendment out of order at the present stage, or until the Association decide upon the question of reconsideration.

After a long discussion, Dr. Davis, of Indiana moved to lay the motion to reconsider on the table; which was carried, 97 yeas, nays not counted. So the amendment stands registered.

The next proposed amendment to the Constitution was that suggested by the New Jersey Medical Society, asking for such changes as would establish a Board of Censors in every judicial district of the Supreme Court, who should examine and grant diplomas to all proper members of the Association.

This was temporarily laid on the table, for Dr. Crosby to offer a report of the Medical Teachers' Convention, which met on Monday last. He strongly recommended a committee from this body to confer with the Teachers' committee, and felt great confidence that something beneficial to medical education would be the effect of such conference.

Dr. Comegys moved the appointment of a committee of five to confer with a committee of Medical Teachers, and report at the next annual meeting, provided that no medical teacher be selected on the part of this Association.

This again gave rise to an excited debate, clearly showing that there was a great deal of bad feeling between the Professors and the laymen of

the profession. Prof. McDowell, of Missouri, was extremely happy in some of his hits, and kept his auditors in a roar of laughter. He acknowledged that Philadelphia and New York had the advantage of location; the railroads took students there as they did the horses and cattle of the West, and sometimes its asses.

Prof. Crosby, of Dartmouth College, contended that the elevation of the standard of medical education depended more upon practitioners than the colleges; if bad materials were sent up from physicians' offices for Professors to model into physicians, it could not be expected that good results would follow. He wanted a committee of conference, not based on any sectional feelings, and he believed the whole matter could be arranged satisfactorily.

Dr. D. W. Yandell wished to reply to one remark of Prof. Crosby, as to the bad materials sent by private teachers to the colleges. He had himself rejected students who were too big fools to be made physicians, and these same persons, in a few months, had gone to some of the colleges and come back with their diplomas in their pockets.

After a very eloquent, appropriate, and conciliatory speech from Dr. Davis, the resolution of Dr. Comegys was unanimously adopted.

The resolutions from the New Jersey Medical Society were then taken from the table, and referred to the Committee of Conference.

Dr. Davis offered a resolution instructing the same committee to confer with the State Medical Societies, for the purpose of procuring more decisive and uniform action throughout the profession in carrying into effect the standard of preliminary education adopted by this Association at its organization in 1847. This was carried.

Dr. Gibbes, from the committee to examine into a Plan of Uniform Registration of Births, Marriages, and Deaths, offered the following report:

They have given the same a careful consideration, and they unanimously recommend that the Report be adopted and referred to the Committee on Publication.

They also recommend that the same committee be continued, with instructions to add to the Report, in time for publication in the ensuing volume of Transactions, a form of registration law which may be likely to answer the requirements of the several States.

Dr. Sayre, of New York, offered the following:

WHEREAS, The medical profession at large have an interest in the character and qualifications of those who are to be admitted as their associates in the profession; Therefore, —

Resolved, That each State Medical Society be requested to appoint annually two delegates for each college in that State, whose duty it shall be to attend the examination of all candidates for graduation; and that the colleges be requested to permit such delegates to participate in the examination and vote on the qualifications of all such candidates.

This was referred to the Committee of Conference.

The paper of Dr. Jones, presented at the morning session, was taken from the Committee on Publication, and referred to the Committee on Prize Essays.

Dr. Eve moved to record the name of Dr. Benj. W. Dudley as a permanent member; which was adopted by a unanimous vote, the delegates all rising to their feet in token of respect.

Adjourned till to-morrow morning.

The following members of the Association registered their names during the day:

Indiana: John M. Kitchen, S. Davis, Geo. W. New, J. H. Woodburn, S. M. Linton, C. Brown, A. G. Boynton, F. M. Mothershead, T. Bullard, W. W. Hitt, A. J. Mullen, Jno. M. Hinkle, J. D. Maxwell,

Jno. M. Reily, J. A. Windle, B. C. Rowan, L. Ritter, R. Curran, J. W. Davis, W. T. S. Cornett, A. V. Talbert.

Missouri: J. M. Allen, E. S. Frazer.

Iowa: Wm. Watson.

New York: Daniel G. Thomas, John L. Zabriskie, M. M. Marsh.

Alabama: J. N. Turney.

Pennsylvania: W. W. Townsend, Caleb Swaine.

Ohio: Geo. Mendenhall, S. G. Armor, E. B. Stevens, L. G. Lecklider, W. L. Schneck, J. P. Judkins, D. B. Cotton, W. F. Kincaid, Jno. Davis, W. C. Hull, W. B. Davis, P. H. Kelly, Usher P. Leighton.

United States Army: Charles S. Tripler.

Kentucky: E. O. Brown, S. B. Richardson, A. H. Shively, F. G. Montgomery, J. A. Hodge, W. W. Cleaver, Hugh Berkley, S. B. Field, W. N. Garther, Ed. Richardson.

Illinois: F. B. Haller, H. Nance, Thomas Wilkins, T. D. Fitch, C. Johnson, D. O. McCord.

Tennessee: J. M. Brannoch.

The whole number of delegates in attendance is therefore 301, exclusive of members by invitation.

SECOND DAY'S PROCEEDINGS.

THURSDAY, May 5th, 1859.

The President called the Association to order at 9 o'clock, and the reading of the minutes of yesterday was dispensed with.

The first business in order was an amendment to the Constitution, laid over from last year, and proposed by Dr. T. L. Mason, of New York, to insert in the first line of the second paragraph of Article 2, after the words "shall receive the appointment from," the words "any medical society permanently organised in accordance with the laws regulating the practice of physic and surgery in the State in which they are situated, and consisting of physicians and surgeons regularly authorised to practice their profession." Also, to add to the sixth paragraph of the same article the words "but each permanent member of the first class designated in this plan of organization shall be entitled to a seat in the Association, on his presenting to this body a certificate of his good standing, signed by the Secretary of the Society to which he may belong at the time of each annual meeting of this body.

Dr. Linden A. Smith, of New Jersey, said amendments to the Constitution should be adopted with care, and though, perhaps, that now proposed might be desirable, still, as Dr. Mason who had proposed it, was not present to explain his views, he moved that the subject be laid over until next year. This suggestion was adopted.

Another constitutional amendment, proposed by Dr. Henry Harts-horne, of Pennsylvania, and laid over from last year under the rules, provides to add to the second article the words: "No one expelled from this Association shall at any time thereafter be received as a delegate or member, unless by a three-fourths vote of the members present at the meeting to which he is sent, or at which he is proposed."

This amendment was adopted.

Another amendment proposed by J. Berrien Lindsley, of Tennessee, was called up, to omit in Article 2 the words "medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions in good standing in the United States," and also to omit the words: "The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The pro-

fessional staff of every chartered or municipal hospital containing an hundred inmates or more shall have the privilege of sending two delegates, and every other permanently organised medical institution of good standing shall have the privilege of sending one delegate."

This was laid on the table until the next annual meeting.

An invitation was received from Mons. Groux, requesting the delegates to meet him at the hall of the University at noon to-day, to witness experiments on his congenital fissure of the sternum; which was deferred until four o'clock this afternoon, as the Association had previously accepted the hospitality of Mr. and Mrs. Robert J. Ward at the former hour.

Dr. McDermont submitted the following resolutions:

• WHEREAS, A vast proportion of the disease and misery that afflict our race is caused by the excessive use of intoxicating liquors; and whereas in the opinion of this Association the evils of intoxication can be most effectually remedied by the establishment of Inebriate Asylums, wherein the victims of intemperance may be subjected to such restraints and treatment as shall effect a thorough reformation of their habits; therefore,—

Resolved, That this Association recommend the establishment of Inebriate Asylums in the various States of the Union.

Resolved, That the State and County Medical Societies, and all members of the medical profession, be requested to unite in diffusing among the people a better knowledge and appreciation of the beneficent purposes and important benefits that would be conferred upon society by the establishment of such Asylums throughout the various sections of the country.

This resolution was referred to the mover, as a special committee, with a request that he would report thereon at the next meeting of the Association.

Dr. Shattuck offered the following, which was adopted:

Resolved, That the committee appointed in May, 1857, on Criminal Abortion, be requested to continue their labors, and especially to take all measures necessary to carry into effect the resolutions reported by them on the first day of the meeting.

Dr. Yandell, from the Committee on Voluntary Essays, made a further report that a communication had been received from Dr. Langer, of Iowa, on Subcutaneous Injections as remedials; which, on motion, the author read.

The essay was referred to the writer as a special committee, with the request that he would report further at the next annual meeting of the Association, and continue his investigations.

Invitations to visit the Insane Asylum, and the Library and Museum of Transylvania University, were received.

The President appointed, as the committee of conference to meet the committee from the Teachers' Convention, the following gentlemen: Dr. Blatchford, Troy, N. Y.; Condie, Philadelphia, Pa.; Bozeman, Montgomery, Ala.; Brodie, Detroit, Michigan; and Sneed, Frankfort, Ky.

Dr. D. Meredith Reese from the Nominating Committee made the following final Report:

Special Committees continued:

On Quarantine — Drs. D. D. Clark, Penn.; Snow, R. I.; Jewell, Penn.; Fenner, La.; and Houck, Md.

On Medical Ethics — Drs. Schuck, Penn.; Murphy, Ohio; Linton, Mo.; Powell, Ga.; Eve, Tenn.

On Tracheotomy in Membranous Croup — Dr. A. V. Dougherty, N. J.

On the Effects of Lithotomy, Performed in Childhood, upon the Sexual Organs in After Life — Dr. White, Memphis, Tenn.

On Mercurial Fumigation in Syphilis — Dr. D. W. Yandell, Louisville, Ky.

On the Improvements in the Science and Art of Surgery, made during the last Half Century — Dr. Jos. McDowell, St. Louis, Mo.

On the Cause and Increase of Crime and Its Mode of Punishment—Dr. W. C. Sneed, Frankfort, Ky.

On the Education of Imbecile and Idiotic Children—Dr. H. P. Ayres, Fort Wayne, Ind.

On the Uses and Abuses of the Speculum Uteri—Dr. C. H. Spillman, of Kentucky.

On the Topography of Vermont—Dr. Perkins, of Vermont.

On the Pons Varolii, &c.—Dr. S. B. Richardson, of Kentucky, and Dr. Fishback, of Indiana.

On the Physical Effects of the Hydro-Carbons—Dr. F. W. White, of Illinois.

On the Effect of the Periodical Operations for Urinary Calculi upon Procreation in the Male—J. S. White, of Tennessee.

The paper from Dr. Ellis, of Massachusetts, on the subject, "Does the microscope enable us to make a positive diagnosis of Cancer, and what if any are the sources of error?" was referred to the special committee on the microscope, of which Dr. Dalton is chairman.

Honorary resolutions were passed to the memory of the following members of the Association, deceased: Dr. W. W. Bowling, of Alabama; Dr. Thomas D. Mutter, of Penn.; Dr. P. C. Gaillard, of S. C.; Dr. Jabez G. Goble, of New Jersey; Dr. John K. Mitchell, of Penn.

Dr. R. K. Smith, of Philadelphia, submitted the following:

Resolved, That the death of Dr. John K. Mitchell, one of the members of this Association, has been to this body a loss keenly felt by every man who knew him. His eminence as a teacher, his varied acquirements in every department of learning, and his generous social qualities in every relation, endeared him to every member of the profession who had the pleasure of his personal acquaintance.

Resolved, That the family be notified of the action of this Association.

Other more formal resolutions were offered and feeling eulogies pronounced.

Dr. Sayre offered the following, which were adopted by acclamation:

Resolved, That the thanks of the American Medical Association are eminently due and are hereby presented to the citizens of Louisville, Ky., for the princely hospitality publicly and privately extended to the members of this body during its present session.

Resolved, That to the Committee of Arrangements, and to the profession of Louisville generally, our thanks are due for their kind and assiduous attention to the Association and for the hearty welcome with which they have greeted our convention in their flourishing city.

After the transaction of some other unimportant routine business,

On motion of Dr. Davis, the Association adjourned, to meet at New Haven on the first Tuesday in June, 1860.

The registration book during the day announced the names of Drs. D. G. Thomas, of New York; William S. Cain, of Kentucky, and Peter Allen, R. K. McMeans, and W. R. Kable, of Ohio—making 305 members in attendance during the session of the Association.

NEWS ITEMS.

It is commonly believed, and it is stated in many chemical works, that charcoal is antiseptic. This, according to Dr. STENHOUSE, is the very reverse of the fact, as shown by the condition of the bodies of animals which have been long buried in charcoal, which are usually in an advanced

stage of decay. This opinion has doubtless arisen from the fact that charcoal absorbs the gases, and thus prevents any disagreeable effluvia. — The statistics of Ohio for the year 1858, show that the number of suicides in that State was sixty in all, or one in every forty thousand of the population. The mode of suicide is mainly confined to hanging, drowning, cutting the throat, shooting, and poison. Of the suicides in Ohio, the mode selected by seventeen was that of hanging, seven by drowning, six by cutting the throat, and ten by poisoning; the remaining modes were generally some violence occasioned by delirium tremens or intoxication. The suicides in cities appear, as a general fact, to be much more numerous than in the country, as for example—in New York, 1 in 10,500; in Cincinnati, 1 in 15,000; in London, 1 in 5,000; in Paris, 1 in 2,100. The number of suicides given for Europe, by BALBI, some twenty years since, was as follows: in France, 1 in 20,000; in Austria, 1 in 20,000; in Prussia, 1 in 15,000; in Russia, 1 in 49,000. — A curious libel suit has recently come off in Paris. Twelve homeopathic physicians sued the *Union Médicale* for having asserted that homeopathy was “neither a doctrine, nor a science, but a trade,” and that “if an epoch had ever presented itself at which the method of HANNEMAN could be employed by any one who was not abjectly ignorant—a crack-brained visionary, or a wretched charlatan—it was certainly not the present one.” The editors and proprietors of the *Union Médicale* pleaded by way of defense and justification, that what they had stated was only the truth. The tribunal before which the suit was brought, without passing any judgment on the respective systems of allopathy and homeopathy, held that the plaintiffs had no ground of action, and dismissed the case with costs. — The number of persons now known to have been poisoned by eating the lozenges having arsenic in them, at Bradford (Eng.), is 225, of whom eighteen have died. Five or six others are still suffering from the effects of the poison, and the recovery of two of them is doubtful. Of the poisoned, 136 were adults. — Chloroform has been administered *thirty thousand times* in the hospitals of London, during the last ten years, for the performance of surgical operations. — The Microscopists of Germany have entered into an arrangement, by which, once a year, an exchange of microscopical specimens takes place. At the last meeting, twenty-four Microscopists were present, and 3000 preparations offered in exchange. — Some of the European journals are making merry over the fact that a *woman* has sent to the Academy of Medicine, Paris, a *suspensorium scroti*! The inventoress submits it to the approval of the Medical Faculty, assuring them that it is a masterpiece. — The odorous principle of the Vanilla bean, which has been supposed to be formed by a sort of fermentation during the curing of the bean, is proved by GOBLEY to pre-exist in it, in the form of a crystalline principle, somewhat analogous to the *coumarin* of the Tonka bean, and which he has named *Vanillin*. — Chemical matches have been introduced into Europe by a chemist (M. CANOUIL), which are made without white or red phosphorus or other poison. They are formed essentially of chlorate of potash, mixed with a small quantity of a metallic peroxide, bichromate, or oxysulphuret, when it is desired to render them more inflammable. These matches diffuse no odor, either in the manufacture or in the use. They light without explosion or projection. — A whaling vessel arriving at Nantucket last fall, brought 750 pounds of Ambergris, taken from one whale. It was sold to a Boston drug-house for \$10,000. This substance is a morbid secretion of the Spermaceti whale. It is generally found in whales of a lean and sick appearance; indicating that the Ambergris is the product of disease; and usually in lumps of from one to thirty pounds weight. The largest piece hitherto known weighed 182 pounds, and was bought by the Dutch East India Company of the King of Tidore. Another piece, from the inside of a whale killed near the Windward Islands, was sold for \$2500.

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ART. XI.—Report to the State Medical Society on Criminal Abortions.

By E. P. CHRISTIAN, M. D.

MESSRS. EDITORS:—My apology for sending the following Report, corrected and *completed*, for publication in the *Journal*, is not on account of the egregious orthographic and grammatical liberties taken with the copy in the published Transactions of the State Medical Society—for, as regards these, I could have contented myself with having fellow-sufferers—but it is rather that, by cutting it in two in the middle, the whole point of it was lost, and it would have served a far better purpose to have published the latter half than the former.

It was certainly a very bold liberty to take, but evidently the matter was not scrutinized by any proof-reader at all.

Owing to the fact of not having the manuscript by me, I have been unable to make a true copy, but the addition now made to the Report as published in the Transactions embraces all that was omitted from the original paper.

E. P. C.

WYANDOTTE, May 18, 1859.

AT the last meeting of this Association, the writer was appointed to report at this meeting on *Criminal Abortions*. A subject so indefinitely stated, occasions an uncertainty

as regards the special design of such a Report, and gives to the reporter no small amount of discretionary power in his choice of the manner in which the subject is to be considered. From the simple statement of the subject in such general terms it could not be known whether the Report was expected to treat of the causes, and means of prevention, of Criminal Abortion, or of the best and safest mode of procuring it, or of any other particular mode of consideration.

I have chosen to consider some of the special causes of, and incentives to, the commission of this crime, and the remedy, the means of prevention thereby suggested. I shall not infringe upon the province of medical jurisprudence to treat of the legal nature of this crime, and to define what constitutes it, &c. I simply state that our statutes make it penal for any one to attempt to produce miscarriage without the advice of two medical men that it is necessary to preserve the life of the mother. No person, not even a medical man, is authorized, or justified, in attempting to procure it on his own judgment and his own responsibility alone. Yet, though such cases are penal, they are not to be considered in the class of Criminal Abortions here treated of. I have reference to deliberate and premeditated destruction of an embryo, unnecessary on account of the life or health of the mother.

We are not so utopian as to anticipate, very speedily, that condition of society in which this crime shall be unknown, nor do we expect its complete cessation by other means than by such as we hope to check the commission of all crime—not by penal codes, but the universal faithful Christian observance of the whole Divine decalogue.

And yet, as there are strong and peculiar reasons for the occurrence of this crime, even in an otherwise moral community, so, on the other hand, are there strong and peculiar reasons for hoping to effect its prevention; and the

means of effecting this lie almost entirely with the Medical Profession. It comes peculiarly within the physician's mission, no less than in ministering to the relief of disease and suffering. The means for use are within his power; and the responsibility rests upon him for a proper use. We do not propose any severer legal penalties as a means of its prevention. The enactments are already sufficiently rigorous, and all experience shows that crime is not so entirely prevented by severity of penalties, and least of all could we expect this crime to be so influenced. We would, however, make patent and conspicuous Nature's penalties—the moral and physical penalties which can not be evaded—by far more terrible than any legal penalty that can be applied, and a just appreciation of which would do more towards preventing this crime than Draconian laws. This is what belongs to the physician, and is wherein his duty and responsibility lie.

But though we propose no severer penalties, we do not consider, by any means, our statute as unamenable to criticism, and incapable of being bettered, for it displays the relics of barbarism, being based upon ignorance and a physiological lie.

What, then, is a query next suggested, are the peculiar circumstances bearing on this crime, which prompt to its commission, and occasion its prevalence amongst all classes of society, even in intelligent and reputably moral communities, and which render it less liable to be influenced by the nature of the penalty imposed than other crimes?

1st. Ignorance of the true nature of the crime, and of the real guilt attaching to it; a morbid, illicit perversion of the moral sense on this matter, or rather, perhaps, an uneducated and undeveloped moral status in regard to it. It is surprising how little guilt is attached to the crime of infanticide among all nations, civilized as well as barbarous. This is evinced by its so frequent occurrence among all

communities, and by its being an established custom among some nations, and a custom whose observance is not only laudable, but regarded as an act of obedience to Divine will. However we may account for such a perversion of natural feelings and of moral sense, which would not be difficult to do, it has its existence and influence; and where infanticide is regarded so lightly, how much less importance is attached to the destruction of foetal life where ignorance of the physical penalties is almost universal.

2d. Why is it less liable to be influenced by the nature of the penalty imposed? For several reasons. As a general fact we may state that the frequency of any particular crime will be governed by the special temptations to its commission, and by the risk of detection and punishment. As regards the risk of detection and punishment, we shall presently show why, in these cases, it is particularly small; but even the certainty of conviction and suffering the penalty of crime, does not avail to prevent its commission when the temptation is strong. Human nature, under the influence of ungoverned passion, takes no thought of the legal penalties, and much less of the natural penalties; and strong and prevailing, too, must be the moral sense where the commission of an error or a course of erroneous action, and escape from detection, will not render more facile the commission of a second, with the prospect of eradicating the evidences of the former and the latter. *Facilis descensus Averni* is a trite quotation from the heathen writer, no less philosopher than poet; but, like an algebraic formula in mathematics, expresses in the fewest and truest words this downward tendency. Shame, the wish and expectation of escaping the scorn and ridicule of the world, when the moral sense has been seared, proves as great an incentive to crime as passion itself. Do I say too much in stating that capital crimes are as frequently thus prompted as by passion itself? How many murders, rob-

beries, arsons, &c., are prompted by the hope and expectation of concealing and repairing the wrongs originated in the drinking-room and at the gaming-table. Since, then, statute upon statute, and penalty upon penalty, can not effect the suppression of ordinary crimes, how much less would naturally be their influence upon one of this character, where, in a large proportion of cases, the discovery of the error which is sought thereby to be concealed, is held as a greater punishment, a more dreadful alternative, than any the law can inflict. Not only, too, is there in many cases the expectation of concealing former errors, and of escaping the scorn and ridicule of the community, but of escaping the cares and anxieties of maternity—to many, even in the bonds of wedlock, no small temptation, when depressed by poverty and harrassed with the cares of an already large family, or perhaps of an ill-mated, intemperate, or improvident husband; and how much greater, then, to one having no husband's sympathies or succor, and only cold and ungenerous contempt and disdain to anticipate! As regards the risk of detection and punishment, the danger is in reality small—if in a married woman, how insignificantly small is it? Where is the memory, and where the records of punishment of such a case? And yet, as regards its frequency, let any medical man, for an answer, consult the record of the applications made to him, and the physical evidences he has observed in sufferings he has been called upon to relieve. We might ask where and when has been a conviction in any case, except when of more than ordinary malignity, as where a double murder has been committed of both mother and child, which has spasmodically excited public feeling to a higher pitch than usual? And is not a conviction in such cases the exception? Most certainly it is; and I am ignorant of any such in our State, though arraignments have been made, and justice has demanded satisfaction. But usually the risk is

in reality small; and from this very fact the temptation becomes the stronger. The crime is against a being that, as yet, has attached itself to no one by strong ties of sympathy or interest. There are none so strongly bound to it that their friendship prompts them to care for its rights or avenge its wrongs. Its natural protectress—she who should guard it from evil and administer to its wants—becomes the agent of, or accessory to, the crime. The friends of the agent, if cognizant, are urged by interest to prevent disclosure.

Again, we have observation and experience to the full to show us that enactments against what are not repugnant to the common ideas of morality of a large part of the community, unless a palpable and unequivocal benefit is sought thereby to be conferred on a larger part, are a complete nullity. Look, for example, at the enactments against liquor vending, against Sabbath breaking, profane swearing, &c.; and this is the case, as we have before stated, on this subject. The fact is, and a lamentable one it is, that with a large number of otherwise moral, intellectual, and respectable individuals, it is not considered at all as a crime—hardly as a misdemeanor: an individual who would shudder at the thought of maiming a brute—who could not look, unmoved by pity, upon the writhings of an entrapped mouse—will willingly and eagerly submit to, and aid in, the unnecessary destruction of a vital embryonic human being—her own offspring—to which she should be attached by the strongest feelings which God has implanted in her breast. Oh, blush Humanity!—how much less human in this than the Brute creation!

The state of public sentiment on this subject, and the insufficiency of mere penal enactments may be exhibited by a statement of very competent authority on this point,—ALF. S. TAYLOR, author of a standard work on medical jurisprudence. Says he:

“Most trials for child-murder end in the escape of the prisoner. She is acquitted of the murder, in opposition to the strongest evidence against her, and found guilty of concealment of birth; so that no other punishment is inflicted than that to which a female would be sentenced who had been secretly delivered of a child that had died from natural causes, and the body of which she had afterwards concealed. But can the former serious crime be placed in comparison with a trivial offense of this description?”

This exhibits the strong disinclination of juries to convict of infanticide; and, *a fortiori*, how much stronger the disinclination to convict of foeticide, when the law makes the distinction of calling the former murder, which in the latter would be only manslaughter, and that, too, only after quickening.

The ignorance and abnormal sentiment—we hardly wish to characterize it as immorality—which results therefrom, pervades all ranks. Newspaper proprietors exhibit it in a lamentable degree, or else are thrice guilty in accepting pieces of silver as the price of innocent blood. We refer to the glaring advertisements to be daily perused in prominent corners of even the most respectable journals, of safe and ready means of effecting this purpose. For example, such as the following:

“This medicine, to married ladies, is invaluable, as they (it) will, in all cases, bring on the monthly flow with regularity.”

Thus is the crime encouraged and fostered.

The dealing in lotteries of any kind is contrary to our laws, and even their advertisement is prohibited, and why is it that such advertisements as these—far more pregnant with evil, with wickedness, with perdition, are tolerated and so openly displayed—destructive to morality and debauching to innocence?

But this is not alone where our legislators have been remiss. The same ignorance and its consequences has pervaded our legislative halls, where we ought reasonably

to look for the most intelligent representation of community. It is there manifested in the character of the enactments on this subject, which thence emanate, and exert their influence over community. The character of the laws in a self-governing people is the reflex of the intelligence and morality of the people; and, as such, what is our exhibit in this respect? Here is our statute:

[5742.] SEC. 32. The willful killing of an unborn *quick child* by any injury to the mother of such child, which would be murder if it resulted in the death of such mother, shall be deemed manslaughter.

[5743.] SEC. 33. Every person who shall administer to any woman pregnant with a *quick child*, any medicine, drug, or substance whatever, or shall use or employ any instrument, or other means, with intent thereby to destroy such child, unless the same shall have been necessary to preserve the life of such mother, or shall have been advised by two physicians to be necessary for such purpose, shall, in case the death of such child or of such mother be thereby produced, be deemed guilty of manslaughter.

[5744.] SEC. 34. Every person who shall willfully administer to any pregnant woman any medicine, drug, substance, or thing whatever, or shall employ any instrument or means whatever, with intent thereby to produce the miscarriage of any such woman, unless the same shall have been necessary to preserve the life of such woman, or shall have been advised by two physicians to be necessary for that purpose, shall, upon conviction, be punished by imprisonment in a county jail not more than one year, or by a fine not exceeding five hundred dollars, or by both such fine and imprisonment.

From which we learn—

That what constitutes murder in case of the death of the mother, in case of the death of an unborn quick child, by willful killing, constitutes manslaughter. Should death not ensue to the child till subsequent to its birth, in consequence of such injuries, we suppose it would then constitute murder.

And, again: The destruction of a quick child, by attempts to produce abortion, with intent to destroy such child, like the death of the mother in the same case, constitutes manslaughter.

In the first case, the evil intent is supposed to be against the mother, and hence her death is murder; whilst the death of the child being accidental, or at least the design being not against the child, its death constitutes manslaughter. In the second case, the design being against the child, the death of the mother is accidental, and is only manslaughter; and the death of the child, too, is manslaughter, as it is not yet regarded as a living being.

But how is the destruction of a child not yet quick regarded, and what the penalty? Why there is no provision against it, and no penalty except such as is imposed upon the mere *attempt* to procure miscarriage.

And what is the penalty for attempting to procure miscarriage, which is adjudged sufficient, also, for the destruction of a not yet quickened fœtus? Imprisonment in a county jail not more than one year, or a fine not exceeding five hundred dollars, or both—a penalty of the same grade, and almost identical, with that prescribed for simple assault and battery; a penalty less severe than those for any offenses against persons which are directly specified in our statutes, and, with hardly an exception, less severe than those prescribed for any offenses against property of which our statutes take cognizance.

Such, then, is the trivial character of the legal enactments by which this crime is designed to be suppressed—about as prophylactic as infinitesimal globules of belladonna against scarlatina—a hawser of cotton twine to bring to a check the headway acquired both by wind and tide. And what is the moral force of such enactments? Can it be anything but to engender too lax a sentiment in regard to the criminality of the offense, to create the opinion that the offense consists, not in the successful accomplishment, but in the discovery and publicity of the act?

On what principles of morality or facts of physiology is this distinction made as regards the criminality of the

destruction of a not yet quickened fœtus? Why is the destruction of a five months' fœtus so much more heinous an offense than that of a four months' fœtus? The whole idea is a relic of mediæval barbarism and ignorance which should be eradicated from jurisprudence, as it has been from physiological science.

If there is to be a distinction in criminality based upon development of the fœtus, would it not be more rational that the dividing line should be indicated by some phenomenon more unequivocally indicative of independent existence, as the sound of the foetal heart, indicating an independent circulation? But the whole thing is an implied falsehood. No phenomenon—neither motion, foetal circulation, nor any other—indicates incipient individual existence, as the laws falsely intimate. Physiology only knows existence to commence with conception. But if it be proper or politic to make a legal distinction in regard to the destruction of the fœtus at different periods, let not this distinction be based upon false conceptions of facts, and thereby inculcate a false morality on the subject. It is full time that some legal barbarisms should be banished where many gross medical ones have long since been sentenced, to add an interest to musty tomes, by gratifying the curious student of ancient knowledge.

But, as we have before intimated, the Medical Profession has a duty imposed upon it in relation to this matter. The means of prevention are more effectively in the power of the physician than in that of the executors of justice; or, if any change in regard to legal enactments and judicial executions, respecting this matter, it requisite or advisable, the influence to effect that must come mainly through the Medical Profession, who alone are competent witnesses to the frequency of the crime, and to the necessity of means for its check. His duty is, as we have said, to cause to

be known the physical penalties which must be paid, of which there is no evasion.

That it is an evil of some importance, too, even as regards political economy, there can be no question; it is one destructive of life, productive of impaired health and strength, and conducive to weakly and impaired offspring. How much of an evil, in this light, physicians only know; and they, perhaps, having very indefinite ideas of the aggregate in any large community for certain periods.

But is there any physician of any considerable practice who, if not directly applied to for that purpose, does not yet frequently witness the baleful effects of injudicious, and perhaps successful, efforts to procure abortion? Certainly within the writer's own experience, in a limited practice among a manufacturing and rural population, he has had, within the year, several open applications, evidently made in conscious innocence, to have abortion induced; he has witnessed several severe and dangerous cases of illness so induced; can point to individuals whose whole life is one of continual suffering from impaired functions, to be attributed to this cause, and at least one death may, with much probability, be charged to an unsuccessful attempt of this nature. How much then must be the aggregate of the experience of physicians of large communities, or of a large section!

Now, as an array of figures will have more force in impressing a truth than single facts now and then reported, we would suggest that, inasmuch as it is desirable that the amount of prevalence of this crime should be known, and the nature of the evils resulting from it, both in a moral, political, and scientific view, that the members of this Society be requested to collate facts regarding it, during the ensuing year, such as applications made for its procurement, cases of sickness and death resulting

from efforts of the kind, character of physical evils resulting, convictions, &c., and that these statistics be forwarded as early as January 1st, 1860, to some one who shall be appointed by this Society, at this meeting, to report on the subject of Criminal Abortions at the next meeting. We are confident that by such means, if faithfully carried out, an array of facts could be displayed, surprising even to the Medical Profession.

ART. XII.—Selections from Surgical Notes.

BY MOSES GUNN, M. D.

CASE I. *February 23d*, 1859. — Mrs. L——, age 56 years, presented herself, with a large tumor upon the side of the face and neck, extending from the temple to within two inches of the clavicle, and projecting outwards about four inches beyond the angle of the inferior maxilla. The ear occupied a position upon the posterior surface of the tumor. The disease was of thirty-two years' standing, and its progress had been for a long time very slow; but for the last few months its advance had been much more rapid. The mass was distinctly lobulated, and perceptibly, though not extensively, movable; it was also clearly unblended with adjacent tissues. The integument was much attenuated, but unadherent to the tumor.

These facts, taken in connection with a tolerable preservation of the patient's general health, led to the diagnosis of the benignant nature of the disease, and of its probable adipose character. The prognosis was of course favorable, and an operation was advised and submitted to.

Operation: An elliptical incision, inclosing a small portion of the integument upon the summit of the tumor, and extending from the upper to the lower extremity of the

mass, was made down to the substance of the disease, It was now found, as anticipated, that the tumor had developed for itself a sort of capsule in the areolar tissue. from which it could be readily enunculated, as is generally the case in circumscribed adipose accumulations. The disease, however, was observed to present no other peculiarity of this substance.

The extirpation of the mass was rapidly accomplished, mainly by the fingers and handle of the scalpel. The fingers were easily carried deep into the neck behind the disease, where the pulsation of the carotids could be distinguished. A few bands, only, required the edge of the scalpel for their separation, and these were upon the deep surface of the mass. Due caution was observed in making these sections. The parotid gland was completely absorbed, and the disease occupied its place, pushing before it the branches of the portio dura constituting the pes anserinus. A few of these were adherent to the tumor, and were divided, but most of them remained intact, and could be traced in the wound after the extirpation. One lobe of the diseased mass extended deep into the neck, and occupied a portion internal to the styloid process.

Not a single vessel required a ligature. The wound healed readily, and the patient made a good recovery, with only slight paralysis of the muscles of the face.

Nature of the disease: As intimated above, the diagnosis as to the probable nature of the disease was incorrect. It was not an adipose growth; but presented a uniform grayish flesh color. In substance, it was exceedingly friable and granular, appearing not unlike the earlier stages of encephaloid disease. Under the microscope, its heterologous character was distinctly shown, being composed mainly of cells, and component parts of cells of great variety, and conforming to ROKITANSKY'S description of one variety of encephaloid disease.

The above case, it will be seen, presents features of peculiar interest. The slowness of the growth, the unblending character which it preserved through so long a period, and the continued health of the patient, are symptoms, the union of which would point, clearly it would seem, to the non-malignancy of the disease. Its structure, however, both as it appeared to the naked eye and under the microscope, as plainly point to an opposite quality. Should the disease recur, its nature will then be clearly established; but its anomalous features will be rendered only more distinctly prominent thereby. Should the disease never recur, and the patient attain the allotted period of man, its non-malignancy would then be undoubted; yet its structural character would then only be more apparently inconsistent with received doctrines as to the structure of malignant growths.

CASE II. *December 5th, 1857.*—ADAM SMITH, age 53 years, presented himself, with a flat lobulated tumor covering the greater portion of the dorsum of the nose. It was soft and elastic, and had existed for twelve years. It had ulcerated two or three times during that period, discharging (from his description) a thin, ill-conditioned fluid, which could hardly be called pus. It was free from pain, fixed, and continually increasing in size—latterly with greater rapidity. The integument was healthy except at the cicatrix of the ulceration.

Extirpation was advised, and performed by making a crucial incision through the skin, avoiding the cicatrix, dissecting back the flaps and scraping, rather than dissecting, the diseased mass from the bony and cartilaginous frame of the nose. The structure of the disease was soft, friable, and granular, and closely resembling in microscopic appearance that of Case I.

The flaps were adjusted, and united partly by first in-

tention, but mainly by granulation, attended by free and laudable suppuration.

There has been no return of the disease yet; and from the appearance of the patient, there seems no probability of such an event.

87 SHELBY STREET, May 18th, 1859.

ART. XIII. — A Criticism.

BY J. A. BROWN, M. D.

IN the *Peninsular and Independent*, for November, 1858, I notice a very well-written, and probably well-intended, article, from the pen of O. C. GIBBS, M. D., entitled "*A Case of Obstruction of the Bowels relieved by Copious Injections, after the Failure of other Means.*"

On looking over a few back Nos. of the *Journal*, I find that this Dr. GIBBS is also author of a few strictures upon the able and interesting Report of the talented Dr. S. DUBOIS, of Michigan, a fine scholar and ripe student of his Profession, upon the subject of "*Rheumatism*," read before the Michigan State Medical Association last spring, in which he (Dr. G.) seems to manifest more of an inclination to say something in the *Journal* than to communicate any new fact (notwithstanding the following preface to his remarks:—"Its reading [viz. that of the Report] has suggested a few thoughts, which we wish to express, and that too in no spirit of criticism, influenced only by the consciousness that it is every man's duty, who is engaged in the noble work of mitigating pain and disease, to contribute his mite to enhance the efficiency of his art"), as he criticised not only a quotation from one of our standard authorities, which was just as much open to criticism before ever it appeared in that Report as afterwards, and

which we think he must previously have read, but suggested no new idea, either in the pathology or treatment, that his effort seemed to indicate Dr. DuBois had omitted, or mentioned no additional agent, except *cimicifuga*, which, of course, may be used in almost any case where a diaphoretic is desired. This, however, being a digression from our subject proper, we shall leave to Dr. DuBois.

In the first place, then, in describing his case, Dr. G. says :

"*January 1st, 1858.* — I was called to see Mrs. R——, aged about 55 years. She complained of severe pain in the bowels, was vomiting some, the pulse was quick, tongue furred, bowels tender on pressure, the countenance haggard and indicative of much distress and prostration. I suspected strangulated hernia, but, on inquiry and examination this supposition proved groundless. Opium, in full doses, combined with small doses of calomel, was advised internally, and hot fomentations locally.

"*January 2d.* — The patient was suffering less pain, but not otherwise improved. The treatment was continued, the opium diminished, and the calomel in increased doses.

"*January 3d.* — The patient was no better; the pulse was more frequent, and the vomiting still continued. Castor oil was now ordered in tablespoonful doses, to be repeated every hour until it operated; the action of the oil to be aided by injections of infusion of senna."

The bowels now becoming "bloated and tympanitic," the external application of hot oil of turpentine was adopted, with little or no other change in the treatment until after the seventh day, except an increase of the mercury to gr. 5, with an evident aggravation of all the symptoms, as he himself states, and no evacuation from the bowels; for the simple reason, evidently, that up to this time no efficient and reliable cathartic agent had been administered—at least, in anything like efficient doses, especially with such an object in view.

Now, does this appear at all like rational treatment for obstruction of the bowels; viz. The use of *solid*

opium for three or four days together, with little or nothing else; and, indeed, nothing else in anything like sufficient quantities to produce catharsis? Indeed, it would seem from the treatment, that the case was not regarded, whatever else it might have been thought to be, as one of obstruction; as it appears no attempt was ever made to clear the *primæ viæ*, until, at least, the third or fourth day, when castor oil was prescribed in doses of only a tablespoonful, at intervals of an hour, in which quantities it would be very likely to be digested in the stomach, with no cathartic effect, instead of administering it in a full dose at once (*viz.* two or three large spoonfuls); and nothing more potent than this resorted to until the seventh day, and indeed not at all for this purpose, unless it was the *eau chaude* (warm water), pumped in from below.

We do not know whether it is correct or not, but it seems to us, from his own statement of the case, to be the only reasonable inference, that Dr. G., mistaking, or at least not appreciating, the true nature of the difficulty, commenced his operations rather in the dark, or empirically, without reference to any definite or specific object or end, and contented himself with battling, with an energy and perseverance in the use of the measures adopted that, had they been wisely or differently directed, would have done him vastly more credit against, or in endeavoring to remove, what would seem to be rather the result, or symptoms, of a more serious disease than the disease itself. Indeed, looking at the symptoms as detailed by himself—*viz.* “severe pain in the bowels and tenderness on pressure, vomiting, quick pulse, furred tongue, countenance haggard and indicative of great distress, obstinate constipation, and prostration,”—what tyro in medicine, with any degree of diagnostic skill and discrimination, would not readily have predicted the real diffi-

culty, viz. Inflammation of the bowels (peritoneal coat), to which the above phenomena all pointed with almost an infalible certainty? and yet Dr. G. tells us, "*he first suspected strangulated hernia*," until after an examination and inquiry, without having had his attention directed to any such local affair, as is always done in those cases by the patients themselves, usually stating "they are burst, or have a breech," &c. What, we ask, in the name of reason, could it have been but peritonitis? and, hence, how perfectly irrelevant the following; which we repeat: "*I first suspected strangulated hernia*"!!

Again; Dr. G., evidently looking upon the case as nearly, or quite hopeless, says:

"I now explained to the friends that it was possible that a copious injection might overcome the *obstruction*, and afford relief; this, I said, will occasion much pain, but we certainly ought not to let the patient die without making at least one more effort to afford relief. Of the many present, I selected two women of nerve and decision to carry out my directions. With a pump, I ordered them to inject tepid water into the bowels, so long as they could prevail upon the patient to endure it. This they did, and returned to me soon, informing me that they had injected only about a pint. The patient's sufferings, they said, were extreme. Less had been accomplished than I had expected.

"I now took the pump myself, closed the door against spectators, and commenced injecting, entreating the patient to endure to the utmost, as this was her only hope. This she did, for a time, but soon her shrieks and groans became heart-rending. Her husband and son now rushed into the room, and commanded me to desist from further attempts to relieve the patient; which I did only after at least two quarts had been injected. The friends evidently looked upon me as a personification of brutality." &c.

It is true, after this the bowels moved, but the real disease evidently remained undisturbed or unchecked; and, as a consequence, "the patient was not destined to recover." "She died, seemingly," says he, "from an inability to rally from the extreme prostration." Then in the next sentence, again, he continues: "Peritoneal in-

flammation was, doubtless, the cause of death"; without, however, having adopted a treatment scarcely, if any, more appropriate, or rational, for this, than for the imagined "obstruction" during the first seven days.

Now, is there not great incongruity just here? If the "patient died from an inability to rally from the extreme prostration" caused by obstruction, could "peritoneal inflammation have been the cause of death"? and *vice versa*? Again, that the case was considered only as one of obstruction to the end of his efforts (though by no means in our estimation treated as such in the beginning), apart from the title of his article, is evident from the last measure adopted, the importance of which he urged upon the patient and friends as a *dernier resort*, without even intimating the presence of peritonitis; and whether the practice was inhuman, as is more than intimated the friends seemed to think, or not, I shall not attempt to decide; but will venture the assertion only, That however admissible and appropriate, it neither reached nor overcame the real and, as it turned out, fatal malady.

Now, in conclusion, I would say, in language very nearly like that which closes the article criticised, and with due deference to its author,—That had the case been clearly understood, and copious blood-letting resorted to in the very out-set, and perhaps repeated; then a brisk, reliable cathartic given, followed by his "calomel and opium" (which were by no means inappropriate, had they been given with direct reference to the inflammation instead of obstruction), with the topical use of "hot oil of turpentine to the abdomen," or, what would have been better, large linseed cataplasms saturated freely with the *oleum terabinthenæ*, "the result," it seems to us, "might have been different."

ART. XIV. — Meteorological Register for Month of April, 1859.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date	Barometer.			Thermomet'r			Hygrometer			Force of Vapor in Inches			Relative Humidity			Winds — Direction and Force.			Fall of Rain.	
	7 A.M.	2 P.M.	9 P.M.	7	2	9	7	2	9	7 A.M.	2 P.M.	9 P.M.	7	2	9	7 A.M.	2 P.M.	9 P.M.	BEGAN.	ENDED. INCHES.
1	28.80	28.82	28.75	35.53	37	33	33	46	34	.162	.219	.157	.79	.54	.71	S.E.	2 S.W.	3 S.W.	3	
2	28.65	28.62	28.60	38.40	35	35	35	32	32	.165	.139	.142	.71	.55	.69	S.W.	3 S.W.	3 S.W.	2	
3	28.50	28.55	28.60	39.50	36	32	44	33	32	.129	.209	.149	.61	.58	.70	S.W.	3 S.W.	4 S.W.	3	
4	28.80	28.85	28.90	35.54	35	32	46	32	32	.142	.206	.142	.69	.49	.69	S.W.	2 S.W.	3 S.W.	1	
5	29.00	29.00	28.92	32.50	35	27	43	32	32	.090	.186	.142	.49	.51	.69	S.W.	2 S.W.	2 S.E.	1	.08
6	28.80	28.77	28.75	36.52	36	33	45	32	32	.149	.207	.129	.70	.53	.61	S.E.	2 S.W.	2 S.W.	2	
7	28.75	28.80	28.90	44.45	35	37	40	32	32	.129	.182	.142	.40	.60	.69	S.E.	2 S.W.	2 S.W.	2	
8	23.95	29.00	29.08	35.52	36	32	44	33	33	.142	.183	.149	.69	.47	.70	S.E.	2 S.W.	2 E.	2	.03
9	29.10	29.00	28.88	31.44	34	32	37	32	32	.155	.129	.155	.79	.44	.79	E.	2 E.	2 S.W.	2	.13
10	28.80	28.95	29.00	34.60	35	32	48	32	32	.155	.177	.142	.79	.34	.69	S.E.	2 S.W.	2 S.W.	2	.48
11	29.04	29.15	29.17	56.72	59	47	61	52	32	.204	.390	.296	.45	.49	.59	S.W.	2 S.W.	2 S.W.	2	
12	29.10	29.08	29.04	43.57	38	35	42	34	31	.100	.701	.144	.35	.15	.62	E.	2 S.E.	2 S.E.	2	
13	29.00	28.92	28.64	47.64	42	37	47	38	32	.690	.099	.177	.27	.16	.66	S.W.	2 S.E.	2 S.E.	2	
14	28.20	28.10	28.25	58.50	38	53	47	33	33	.336	.283	.123	.69	.78	.53	S.W.	3 S.W.	4 S.W.	2	
15	28.30	28.21	28.20	37.58	34	33	44	32	32	.136	.104	.155	.61	.21	.79	S.W.	2 S.W.	4 S.W.	3	
16	28.28	28.31	28.50	37.48	35	34	38	32	32	.157	.099	.142	.71	.29	.69	W.	2 S.W.	2 S.W.	2	.98
17	29.00	29.14	29.27	34.54	33	32	41	31	31	.155	.087	.151	.79	.20	.80	S.E.	1 S.W.	2 S.W.	1	
18	29.30	29.32	29.28	35.56	34	32	47	32	32	.142	.204	.155	.69	.45	.79	S.W.	1 W.	2 S.W.	1	
19	28.90	28.98	28.94	37.58	35	35	43	32	32	.178	.081	.142	.80	.16	.69	S.E.	2 S.W.	2 S.E.	1	
20	28.88	28.85	28.80	42.48	37	38	42	34	34	.177	.189	.157	.66	.56	.71	E.	1 S.E.	2 S.E.	1	.18
21	28.80	28.80	28.80	44.52	36	40	37	32	32	.195	.018	.129	.67	.04	.61	N.E.	1 S.E.	2 N.W.	1	
22	28.80	28.75	28.84	39.48	34	31	35	32	32	.131	.034	.155	.54	.10	.79	N.W.	2 N.W.	2 N.W.	2	.15
23	28.78	28.80	28.85	37.48	35	33	44	32	32	.136	.236	.142	.61	.70	.69	S.E.	3 N.E.	2 N.E.	2	
24	28.90	28.90	28.95	47.54	37	37	45	33	33	.090	.181	.136	.27	.43	.61	N.E.	2 S.E.	2 S.E.	2	
25	29.00	29.04	29.05	43.57	34	37	44	32	32	.142	.249	.155	.51	.77	.79	N.W.	2 N.E.	2 N.E.	2	.21
26	29.00	29.00	29.05	44.55	38	38	38	35	35	.151	.033	.165	.52	.08	.71	N.	2 N.W.	2 N.W.	2	
27	29.10	29.12	29.11	42.56	42	34	45	37	37	.092	.155	.155	.34	.34	.29	N.E.	1 N.E.	2 N.E.	1	
28	29.12	29.12	29.15	37.62	38	34	48	35	35	.157	.151	.165	.71	.29	.71	N.E.	2 N.E.	2 N.E.	2	
29	29.08	29.10	29.05	42.67	42	37	44	35	35	.155	...	...	.113	.57	...	N.	2 N.E.	2 N.E.	1	
30	29.08	29.10	29.12	55.68	44	43	45	37	37	.120	...	.129	.27	...	...	N.E.	1 N.E.	2 N.E.	2	

Bibliographical Record.

FIVE ESSAYS. By JOHN KEARSLEY MITCHELL, M. D., Late Professor of Practice of Medicine in Jefferson Medical College of Philadelphia; Member of the Academy of Natural Sciences of Philadelphia; Fellow of the Philadelphia College of Physicians, &c. Edited by S. WEIR MITCHELL, M. D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction. Philadelphia: J. B. Lippincott & Co. 1859.

THE collection and publication of these Essays is the result, undoubtedly, of a laudable desire, arising from affection, to perpetuate the memory of the author. We make this statement, however, with no disposition to disparage the merits of the book, or of the justly celebrated teacher and practitioner from whose pen its contents emanated. With a single exception, the editor informs us, these papers had all been previously given to the public. That exception is the Essay upon Animal Magnetism—a subject, which, though badly named, is full of interest, and in the consideration of which, if our author is not fully right, he forms no exception to the general rule; indeed, the one who should be so, would prove the exception. The other papers are not yet forgotten. May the memory of the author never become so!

G.

REPORT ON THE NERVOUS SYSTEM IN FEBRILE DISEASES, AND THE CLASSIFICATION OF FEVERS BY THE NERVOUS SYSTEM. By HENRY FRAZER CAMPBELL, A. M., M. D., Professor of Anatomy in the Medical College of Georgia. Extracted from the Transactions of the American Medical Association. Philadelphia: Collins. 1858.

WE are indebted to the politeness of the author for the above named pamphlet, consisting of 172 pages. The

readers of the *Independent*, and of the consolidated journal, know full well our views upon the subject of Dr. CAMPBELL'S Prize Essay; these views are closely interwoven with, and distinctly characterize, the subject considered in the above Report. For these views we sincerely respect and honor the author, and are proud to be conscious of the fact they were clearly taught by Dr. ALLEN in the University of Michigan during the first year of its existence. Dr. CAMPBELL is following up the subject with most laudable zeal, and with untiring industry, as evinced in the Report under consideration. He is upon the right track, and his clear conceptions contend most favorably with the chaotic results which arise from giving full credence to all of BROWN-SEQUARD'S manifold and multiform experiments, and the adoption of all his conclusions. G.

THE MICROSCOPIST'S COMPANION; A Popular Manual of Microscopy. By JOHN KING, M. D. Cincinnati, O.: Robert Clark & Co. Publishers.

AN illustrated directory for the benefit of the Microscopist—showing him what constitutes the principles involved in the construction of the Microscope, the methods of using it, a complete descriptive price-list and catalogue of all the various instruments made by American manufacturers of Microscopes, together with a glossary of terms, and a compilation of useful matter for those who are beginners in the use of the Microscope.

We should judge it to be of value to students.

F. S.

Editorial Department.

The Late Medical Teachers' Convention.

Since the organization of the American Medical Association, it has been continually exerting itself in behalf of medical education. The meetings of the Association have been mainly made up of representatives from the body of the Profession, changing to a great extent from year to year. This persistent effort, therefore, can not be without cause; it means that the Profession is fully aware of the fact that Medical Education is not what it should be; that men are yearly graduated in large numbers, who, at the time of their graduation, are entirely unfit to assume the responsibilities of the medical man; that human life is thus trifled with; and that, as a profession, it has duties to perform in the premises.

Without legislative authority, the action of the Association has exerted only a moral influence over the schools, and this influence has not been as powerful as could be wished. The reason of this lies in the fact that medical schools are generally commercial rather than educational institutions. Profit to the Professors is the main consideration in their organization and existence. Such being the case, schools are slow to inaugurate any course which will have a tendency to diminish the yearly number of students. The present avenue to the privileges of the Profession is broad, and the gate is wide, and many are

they which go in thereat. A narrower gate, and a more rugged way, would lessen the numbers of those who find it; and would also diminish the golden stream which flows into the pockets of those who pilot the passage. It is not strange, then, that the most prosperous schools are backward in adopting reformatory measures. We are not surprised, therefore, that, at the late Teachers' Convention, Philadelphia and New York were not represented. We are not surprised that those schools have virtually said, We want no improvement; we are not anxious to make better students; we are not anxious to elevate the standard of education; we are not desirous of altering the present condition of educational affairs, which, as is well known, is such that students who fear rejection at other schools, or who have actually received such treatment, repair without hesitation to us, and receive their degrees. On the contrary, we desire that this impression should continue to prevail, in order that we may still reap the golden fruits thereof. We repeat, that we are not surprised at this course of the schools of the two great medical centres of the Union. We confess, however, that we were surprised that the University of Nashville, whose representatives were present, did not participate in the Convention. We were surprised because we had regarded that school as an advocate of improvement in educational matters; and we are sincere in our reluctance to class her with the Philadelphia and New York schools.

But, although the Convention did not accomplish anything immediately tangible, it was not without its beneficial influence. It appointed a committee to confer with the different schools in the Union upon the subject under consideration; and adjourned, to meet in New Haven on the day previous to the next annual meeting of Association. The Association also appointed a committee of

conference with the committee of the Teachers' Convention; and we are confident in the hope that this committee will also actively exert itself during the interval, and meet with the Teachers' Convention at its next assembling. We would also express the hope that the Teachers' Convention will prove a permanent organization, and that it will be productive of much good.

We shall recur to this subject again.

G.

The Meeting at Louisville.

Another (the Twelfth) Meeting of the National Association has just taken place.

In one respect, at least, it was the most important meeting which has convened since the organization of the Association. Entirely without legislative authority, the meetings of the Association have hitherto been productive of good, principally in two ways. First, in the production of a few remarkably good Essays and Reports; second, in bringing together men from widely-separated portions of the country, and, not only by contact in convention, but by social intercourse, breaking down those "middle walls of partition" which naturally spring from location, and which thrive upon sectional prejudice. The latter we regard as certainly not second to the first in professional profit and general good; and while we hail with genuine joy the adoption of the plan by which Reports and Papers are to be submitted to discussion and criticism before appropriate sections of the Association, believing that thereby greater interest will attach to the proceedings and greater good result, we confess that we have a real love for, and a faith in, the social intercourse which attends these meetings.

In this connection, too, we would vindicate the Profession in reference to the charge of quarrelsome proclivities. However justly this may be chargeable upon individual

members, in the species of rivalry which naturally occurs between neighboring practitioners, the great body of the Profession is certainly not bellicose in character. Compare the meetings of the National Medical Association with those of the National Association for the Advancement of Science, and the intercourse of the doctors appears in the comparison like billings and cooings of turtle doves. But, without the advantage of such comparison, the meetings of the Association have ever been characterized by discussions at once dignified and courteous. Its members are remarkably free from jealousy, and but for those jealousies which arise from the representation of rival colleges, the word would hardly have a meaning in the convention.

The meeting at Louisville, as to number in attendance, was reasonably good, though not large. The Reports of the Committees were generally wanting; and the convention expressed its dissatisfaction at the delinquencies, by refusing, in several instances, to continue the committee. Several volunteer communications were received, and were read by title, or an abstract was given. Another year, this, we trust, will all be different. Reports and communications will be read at length, and discussed in sections of the Association. These discussions will, we doubt not, prove at once interesting and profitable; and, by criticising the Reports and Essays, the value of the published Transactions will be enhanced.

The reception of the Association by the Profession and citizens of Louisville was indicative of warm-hearted hospitality. The houses of several of the citizens (and among them that of PRENTICE of editorial celebrity), as well as those of the Profession, were thrown upon to the Association. Princely homes and cordial hearts greeted the advent and sojourn of the members of our Profession with a tribute of respect. Amid the hospitalities of

Louisville, one could easily forget the toils and perplexities of practical medical life, and rejoice, for once, in the title of Doctor. G.

Our Indigenous Plants.

The American Pharmaceutical Association, soliciting the co-operation of the Agricultural Bureau of the Patent Office in its endeavors to amplify and develop our medical resources, appointed a committee, at its last Session, to confer with that Bureau, in order to mutually further these objects; and we gladly notice that the opportunities and power possessed by the Government have been recently directed to seeking information, though the Indian Agents, concerning these indigenous medicinal plants in domestic use among the various Indian tribes in our territory. The following is the substance of a circular recently sent to the Indian Agents by the Secretary of the Interior:

1. What medical plants are used by the different Indian tribes in the vicinity of the Agency?

2. What are the medical virtues ascribed by the Indians to them—whether emetic, cathartic, diuretic, diaphoretic, expectorant, anthelmintic, stimulant, narcotic, tonic, astringent, or antispasmodic; and the diseases said to be cured or alleviated by the respective plants?

3. In what latitude are they to be found?

4. In what quantities can they be obtained?

5. How near to navigable streams can they be gathered?

6. What facilities can be had for sending them to market?

This information is to be forwarded to the Indian Bureau.

The replies elicited from these queries are to be embodied in a Report to be made to the American Pharmaceutical Association at its next meeting—one which, we trust, will form a valuable feature in its proceedings.

F. S.

EDITORIAL CORRESPONDENCE.

STEAMSHIP PERSIA — Off the Coast of Ireland, }
 April 23d, 1859. }

Dear Readers of the Peninsular and Independent:

In the April No. of the *Journal*, the Editors intimated that as one of their number was to be abroad for several of the following months, he would furnish, from time to time, communications presenting some of the results of his observations. That task is commenced here, and now; and in order that you may be addressed in these letters in the most direct and familiar personal style—a style which it is presumed will be most acceptable, at least to those who have sustained the relation of listeners (as not a few of our readers have) to the attempted instructions of the writer—the first person singular will be adopted.

I left Detroit on the evening of the 6th inst. Without the occurrence of any event worthy of record, reached Albany on the P.M. of the next day.

Called on Dr. A. MARCH, the venerable and still enthusiastic Professor of Surgery in Albany Medical College. The school in which Prof. MARCH is, perhaps, the most prominent attraction, has, until this season, held two Sessions or Courses of Lectures annually, reckoning each as a full Course, and granting degrees at the close of the Spring Term as well as that of the Fall Term, which closed a short time before the other commenced. By attending these two Courses in succession, a student who could satisfy the Faculty as to time of study and other qualifications, might graduate within eight months from the period of hearing his first lecture. This course has been a subject of complaint on the part of many members of the Profession, for some time past; and the expression becoming so general—the subject having been more than once discussed at the meetings of the American Medical Association—in deference, as is understood, to that sentiment, the second, or Spring Course, of Lectures has been discontinued.

The voice of the Profession, through the Association, is thus being heard and regarded; and if that Association is true to itself and the Profession—is moderate, consistent, and persevering in its expressions and acts, the time is not distant when no School claiming regularity and respectability will be

found resisting its reasonable requirements. Time is required for the accomplishment of all things—much time for all great improvements upon established customs of large numbers, and contrary to the opinion of some high in the Profession. I believe the American Medical Association has already accomplished much good in relation to Medical Education—as much as could reasonably have been expected from it in the time of its operations, and that greater achievements are still to be realised by this body.

With regard to the general condition of the Albany Medical College, I learned that the number of students in attendance is not increasing, and that one of the Faculty (Prof. HANN), who has very acceptably occupied the Chair of Physiology and Pathology, has resigned. His place not having been supplied, another member of the Faculty, in addition to his regular labors, will deliver the Course on these important subjects.

As I did not sail until the 13th inst. I had several days in New York City. Since the unfortunate "Whitney affair"—unfortunate for all parties who have been in any way connected with it—nothing of special professional interest has occurred in this great metropolis of our country.

The Schools have closed their sessions, though limited courses of lectures are being delivered to such new students as remain in the city, and some of the College Clinics are still kept in operation. The instructions in Bellevue Hospital, instead of being systematized and rendered more specific and thorough, now that students are relieved from their six lectures per day at the colleges, and therefore have time to attend to them, I am informed have become less frequent and full than during the sessions of the colleges, when they could not have had time from their other studies to give them proper attention. This is a state of things which should not exist.

I do not designate Bellevue with a view of representing this great Institution in a more unfavorable light than others, here or elsewhere—on the contrary, I believe more is being done for clinical instruction in this than in any other institution in the country; but I wish simply to show that nowhere among us is this most important part of medical teaching placed upon the proper footing.

There can be no doubt that the great need of Medical Edu-

cation at the present time, is a *system* of thorough, practical, Clinical Instruction; and this can only be carried into effect when special schools of Clinical Teaching are established, and when students are in attendance upon such schools and such teaching at a time when not fully occupied with elementary and didactic instruction in the colleges. Systematic clinical instruction should be chiefly conducted when the colleges are not in session, and always to students who have attended a full course of didactic elementary medical teaching. Such schools, in a great city, would in no way interfere with the established colleges, but would rather be a complement to them—together completing what neither could do alone; and besides they would attract students to those cities in which they were established, and retain them there to complete their medical pupilage.

I scarcely need add that New York, of all other places on our continent, is the best (not but that others may be very good) for such schools and such instruction. Here, materials are more abundant, of greater variety, and more accessible than anywhere else. It is, and ever will be, the great Commercial Emporium of the New World, and may be made the great Medical Emporium as well. This, however, can only be done by the establishment, under proper direction, of clinical schools and clinical teaching, such as has been suggested. Other and smaller places are equally, if not more, capable of producing men qualified for primary and elementary medical teaching; but no place furnishes such a field as New York for teaching clinical medicine and surgery. In teaching elementary and didactic medicine, other places may compete with her, and outstrip her, but, under proper management, in clinical instruction it is impossible. Some members of the Profession in New York, capable of giving them realization, are becoming impressed with these ideas, and the time may not be distant when their importance shall be more fully appreciated and their realization entered upon.

As already stated, our good ship Persia left New York on the 13th inst. The largest steamer of the Cunard, or British and North American, line, being nearly 400 feet in length, she is filled to her utmost capacity with passengers, all being regarded as first-class—paying \$130 each. Not se-

curing my passage long beforehand, as most did, I was among the very last provided for, and was assigned a berth in the state-room of the "Doctor" of the ship, being told that I would find it very comfortable and pleasant, and at the same time assured that it was the only place left. This latter statement decided the matter, as I was desirous of leaving as soon as possible, and no other suitable vessel was to sail under about two weeks.

A regular dissertation on "Life at Sea" is, I believe, perpetrated by everybody who crosses the ocean, and writes letters back; but I shall save you this infliction — (it could scarcely be anything else, after the many you must all have read) — and especially as my present experience would not allow me to write in a very pleasant strain. I shall confine myself to a few observations upon points having a professional bearing.

On entering the state-room assigned me, which was situated on deck, and so far having a promise of pure air, my olfactories, fortunately not very acute, were assailed with the mingled odors of medicines, whiskey, and tobacco—the latter decidedly predominating; and, in addition to these, another odor highly composite in its character, and very peculiar, pervading the whole vessel, finding its greatest concentration in the lower cabins and state-rooms, was not absent from this. This was by no means an agreeable introduction to sea-life, and was a pre-disposing cause to that general condition which causes the "gorge to rise," and which, from the moment I put my foot on the planks, I felt sure would come.

Before we had entirely left the harbor, swells from the ocean began to roll in, not very perceptible to the eye, especially when situated so far above the waters as on deck, but still they were sufficient to cause the immense structure to undulate—to cause its bow and stern alternately to rise and sink with a slow and graceful, yet to the landsman like myself, an unsettling motion.

As we got fairly to sea, pointed our bowsprit to the east, and after halting a moment to discharge our pilot, the immense engine a perfect marvel of mechanism, commenced its steady and untiring movements; and, like the seat of life in the human frame, pulsates on, and, to the present moment,

as we now approach our harbor, has not ceased for an instant, bearing us steadily onward against wind and wave; and the ship, almost as constantly as she has plowed through the sea, has risen and fallen as the great swells of the restless ocean have swept past in their mighty power.

I have somewhere heard the suggestion, that ships would be made so large that they would be uninfluenced by the waves, and that all inconvenience arising from motion would be avoided. My present observation has dispelled this illusion. It is true that by the size of a vessel the motion produced by ordinary waves may be unperceived, but the grand ocean-swells, measuring such distances from the summit of one to that of the next, as they do, will cause the largest ship is practicable to build and manage, to rock. When the sea was far from its angriest moods, one standing near the stern of our ship would see the bow so pointing towards the depths as to indicate that the whole vessel would plunge beneath the surface, yet the next moment it would rise again, lifting itself on high—thus the great ship was borne like a feather over the rippling bosom of a stream.

But the effect of this motion upon the human organism is the subject most interesting to a medical man.

You have all heard and read of sea-sickness, though not much is said on the subject in medical books. Indeed, little is known about it except the prominent phenomena; and they can be described in few words. Nausea and vomiting are the more marked symptoms, but they by no means constitute the whole of the morbid phenomena caused by a vessel's motion. There are others which, if not as marked and demonstrative, are of equal importance. The primary morbid impression of the motion is doubtless made on the nervous system. The effect upon the stomach—the vomiting and the persistent nausea which accompanies it—are the secondary, and not the only secondary, effects which result. The secretions are all changed—perverted. The tongue becomes furred, and a most unpleasant taste is in the mouth. The actions of the intestines are disturbed. There may be at first an increased peristaltic action, causing uneasiness, and a tendency to diarrhœa; but decided diarrhœa is seldom developed—the peristaltic action being rather reversed, its normal character at any rate

suspended, and constipation follows. Though feverishness, as marked by heat and increase of pulse, is seldom produced, yet the urine is loaded, the flesh often rapidly wastes away, and the general perversion of secretions and other organic actions shows a condition resembling the general derangement of a fever. The mental functions are not unfrequently disturbed in much the same manner as during some fevers, and the nights are restless and dreamy in the same way.

My experience and observations during this voyage, have enlarged my notions of the character and importance of sea-sickness. It is a much more general disease than I had supposed. Its bad results, it is true, are seldom permanent or dangerous. It is, indeed, popularly regarded as a beneficial process, and therefore seldom excites either alarm or sympathy. It is nevertheless a decided disease, and has more than once proved fatal in constitutions already debilitated; and though, by the changes it effects in the system, it may operate as a remedy in one laboring under previous disorder, as any other disease may supplant a previously existing one, yet it is essentially a morbid process, and no person in previous good health can reasonably expect to be benefited by it; unless as a severe chastising it works a moral reform—which I fear it seldom does.

As to the medical treatment of sea-sickness I have learned nothing of much value. I have been sick—oh, how uncomfortably sick!—most of the way. I took one dose, by the advice of the ship's "Doctor," of tinct. ginger, aqua ammonia, and chloric ether; but threw it up in a few minutes after, and have taken nothing since except a bottle of native Seltzer water after I began to get better, which was most grateful to the stomach, and gently removed a symptom so common, before referred to. At this present writing, I am happy to say, I am nearly myself again, though the thoughts of the past, mingled with some of the odors of the present, stirred into activity by an occasional extra motion of the ship, bring back some of those same sensations I would gladly forget.

From all I can learn, my present impression of medical treatment is that it is of little avail. Chloroform has been recommended by high authority, but the testimony I get, received from the experience of others, is, that it as frequently seems to do harm as good, and in any case can only be palliative and temporary. The

best preventive course is to take food moderately and regularly according to previous habits, exercise on deck as much as possible; but when the attack has actually supervened, the recumbent posture must be taken, and kept for the most part, though occasional changes to the sitting or erect position, even at the expense of increased sickness and vomiting at the time, will be found useful. After taking food, the patient should, if inclined to vomit, lie perfectly still until it has passed out of the stomach. This, for several days was the only manner in which I could retain any food, and thus prevent the greatest prostration. As soon as he is able to rise without vomiting, the patient should appear on deck.

Besides the motion of the vessel, the special causes contributing to sickness on ship-board, are impure air arising from the difficulty of effecting ventilation beneath the surface of the water, and the smallness of apartments and their crowded condition: and on these steamers, the abominable practice of eating five times a day, drinking all sorts of spirits, wines, and beers, and smoking innumerable segars.

The compensation for medical services on board these vessels by the Company, I am told, is small, and therefore the best class of men can not be expected to accept of the situations. Either young men, before having established a reputation or secured a practice, or older men of inferior capacity or character must be taken. In some cases, I am told that both youth and inferiority mark the men that serve as representatives of our Profession on these instruments of communication between the Old and the New World; and I am sorry to believe that these positions are not those in which the incumbents are most likely to improve in general or professional character. They have not sufficient duties to occupy their time—their state-rooms are small and uncomfortable—unsuited to study—they are constantly mingling with passengers who have little else than eating, drinking, smoking, and gaming to occupy their attention for the voyage, and thus bad habits are apt to be formed. These conclusions are not drawn from observations on this ship alone, but from all I can learn on the subject.

The "Doctor" of the *Persia*, with whom I am rooming for the voyage, is a gentleman of the "Irish persuasion," and

of the strictest of the sect, as is evinced in his accent, manners, and particularly in his face. I am under much obligation to his politeness to me; for, among other kind things, on learning that tobacco smoke was not in accordance with my tastes, he desisted entirely from smoking in his room, confining his indulgence, which was nearly constant however, to the deck, the smoking-room, and other places about the ship.

Liverpool is announced as not far distant; the bustle preparatory to landing has commenced; and I must bring this long letter to a close.

In writing only respecting subjects having a bearing upon the subject of Medicine, I fear I have given too unpleasant a picture of the voyage. Notwithstanding my almost constant sickness, there has been much of pleasing interest to me since leaving New York. I have formed several acquaintances of a very agreeable, and I hope of a lasting and profitable character; and the perfect order and regularity of the ship's management, and the feeling of perfect safety inspired by all its appointments—not to mention the beauty, the grandeur, the sublimity of the illimitable ocean—have left impressions worthy of being cherished.

When you shall hear from me again, I hope it will be respecting medical men and medical matters on this side of the great waters which now separate us.

Yours Truly,

A. B. P.

Medical Chronicle (Montreal).

We are sincerely regretful to see, in the closing No. of the Sixth Volume of this valuable Monthly, an announcement of its discontinuance. Like a majority of the medical journals it has only succeeded in paying the actual publishing expenses; and now that a new postage law imposes a further tax upon the enterprize, the proprietors are forced to abandon it. We can not forbear remarking, that it is but an ill commentary upon the Canadian Profession that it fails to support its only medical journal.

We part with the *Chronicle*, and its accomplished editors, with great reluctance, and with the hope that they

will be yet induced to renew their efforts in the editorial section of the great medical field. G.

Resignation.

It is announced, in the last No. of the *Medical News*, that Prof. L. P. YANDELL, long identified with that old and meritorious institution, the University of Louisville, has resigned his professorial chair.

We trust that the name YANDELL will still continue to shed its lustre over the University, even though a change of initials should occur. G.

Erratum.

On page 150, twelfth line from top, read "contrast" for "contend."

Pre - Payment of this Journal.

Of the April No. of this journal we distributed, through the mail, nearly two thousand copies; of the May No. we sent *only* to those who remitted for the year previous to the issue of that No., and to those who had paid in full for Vol. I.

In future, while we propose to issue a large edition each month above our regular subscription list, we shall not send it *regularly*, except to those who pay in advance, reserving to ourselves the right to distribute the balance of each edition among such non-subscribers as we please.

It will be seen that all who desire a full set for the year must remit to us in advance, for we shall be unable to supply back Nos. beyond a limited extent.

HIGBY & STEARNS.

CORRESPONDENCE.

THE AMERICAN MEDICAL ASSOCIATION.

The last meeting of this Association convened at Louisville, Ky., *the city* of the glorious State of Kentucky, in which are found men of science, eminent in the profession of medicine, who extended the hospitalities of private homes, and the genial welcome of the whole city to the members of our profession; and last, not *least*, *beautiful woman*, adorns the festivities given in their beautiful city, and welcomes the representative of scientific medicine to their homes, adorned with all that art, science, and fancy could desire, to while away the tedium of the hours, which otherwise would hang as a *dead* weight upon the stranger, away from his home and his professional avocations. Thanks to the hospitality and kindness of the Profession of Louisville, and for the hospitalities of the city!

But the American Medical Association is a proper subject for some reflections.

Having accomplished much good for the Profession, and for science, shall it go on its career of usefulness and honor, and be still the pride of every honest, intelligent, and scientific medical man in the Union. If so, it must be composed of working men, and *more* of them. The impression of a member who had never attended one of its sessions, and who had rather an exalted opinion, previously, of its objects and character, has not been improved very much by attending its late session; and there are several reasons why *new* members expressed themselves disappointed in visiting the Association, and seeing the mode of conducting its business.

In reference to the observance of *parliamentary* order, there is just cause of criticism. Though a semblance of observance of such order, it is not regarded as reaching even near to a point of perfection; and a criticism in one of the daily papers of Louisville had this opinion: "That the members of the Association talked much about order, and yet violated the rules of order, and discussed questions of constitutional origin (which had reference to the organic character of the Association) with as much gravity as if they were legislating for the world." And, again, in reference to reports and reporters, a remark of this kind was common: That, much of the interest of the Association was lost, by the failure to report of those committees appointed, upon the various topics of investigation. So it seems to those outside of the Profession, that there is too much want of energy to labor in the cause of science in too many members of this highly distinguished body of men. Men of the Profession in the old country have eulogized the character of this body, and shall we fold our arms and see its reputation suffer because individually we do not labor? Never! This Association does

indeed legislate for the Profession, but let its sessions possess that dignity and gravity becoming its high position. The fault is not with the officers but with its members, and they should labor to harmonize the conflicting interests of the Profession in the various parts of the country. The great feature of strength which gives the National Medical Association its vitality and power, is bringing together the medical men of the country, breaking down and rooting out those prejudices which grow out of varied interest, and forming ties of friendship and good feeling which will leaven the whole mass into a combination of power and strength not equaled on earth among medical men. But the evidence, drawn from its late session, is not favorable for long continued vitality or strength; in fact it gave *unmistakable* signs of premature age and decay. And one or more *working* members gave his prognosis upon the time of its existence. (I hope his prognostications are not true.)

Then let every member come up to the work, and labor manfully and when called upon for a Report do not "beg an extension of time" as has been done, and I fear too often, merely to display their names as reporters upon the pages of the Transactions.

One other observation I shall make, and leave the members to ponder it well. It has been said that the practice of the Medical Profession requires the individual possession, by its members, of a clear and vigorous mind, a practised eye and steady hand. But I think too many of the members of the American Medical Association indulge in libations, and particularly on the occasions of these meetings, too freely to possess the requisites here mentioned, and who discredit themselves, the Profession, and the Association. Ponder well, young men of the Medical Profession, your future history, if you sacrifice to Bacchus as freely as some of you have done while legislating for the Profession, and while you are filling positions of honor and influence! Do you think your places will sustain you in this course? On the other hand you must sustain honor, character, and professional reputation; if you do not, you will fall from your high positions. A medical man, last of all men in the world, should not drink anything stronger than cold water. At the bed side, his vigorous mind should not be beclouded with the paralyzing influence of drink; in the *teacher's chair*, his mind should grasp his subject, and make it plain and easy; in the associated capacity of our National Body, let reason, judgment, and wisdom sway their sceptre; and I trust as a Profession we will accumulate strength and energy, and become as a light to the world, which can not be hid.

H.

RICHMOND, Ind.

Selected Articles, Abstracts, &c.

TRANSLATIONS from FOREIGN JOURNALS for the PENINSULAR AND INDEPENDENT.

BY O. D. PALMER, M. D.

(From *Gazette Hebdomadaire de Médecine et de Chirurgie*, Feb. 25, 1859.)

IMPROVEMENTS MADE TO THE OPERATION FOR VESICO-VAGINAL FISTULA BY AMERICAN SURGERY.—THIRD ARTICLE.

Dr. Marion Sims' Method.—No one, I hope, will suspect my impartiality when I speak of foreign surgeons, from whom I am, and ever expect to be, separated by thousands of miles, and yet I can not, however, conceal the embarrassment I experience, in appreciating the labors of Dr. MARION SIMS. This author has, in fact, written two articles on *Vesico-Vaginal Fistulas*—the first in 1852, couched in the most suitable scientific forms; the other in 1858, which is nothing more than a lengthy apology for metallic sutures, and for him, at the same time, whom he believes to be the inventor, that is to say, for MARION SIMS, himself. It is with as much astonishment as of pain, that we see this distinguished practitioner claim for himself, in the most exclusive manner, the operative means and *manœuvres* which have belonged, for long years, to the public domain. His illusions of priority are otherwise so much the more injurious, as he employs, in order to justify them, the most bitter words, and assertions the most extravagant.

A singular thing is, that, in 1852, Dr. SIMS contented himself in making public the method which, at that epoch, he had adopted. In 1858, he insists, particularly, on his pretended discoveries, so that we must seek for the history of the author's first attempts, in a pamphlet published six years after the dogmatic publication of these attempts. Then in 1858, Dr. SIMS has modified his method of 1852, so that we can not examine his labors in chronological order.

If the first paper of Dr. SIMS was received with merited favor by his countrymen, the second, on the contrary, has called forth, in both the American and the English press, criticisms more or less severe; which we shall not follow farther than is necessary to a scientific discussion—that is, in pruning them of personalities. I demand pardon

of the reader for this long preamble, but if we profess the greatest respect for persons, we esteem the rights of Science and of History as not less sacred. Above all individual pretensions are placed the irrecusable authority of facts, of dates, and of records — veritable archives of intellectual and scientific property. It is not unnecessary to recall this principle at the *début* of a delicate criticism like the one we are about to undertake.

The author, himself, teaches us that in 1845 he conceived the idea of remedying the *Fistula Vesico-Vaginalis*, that he had hitherto believed beyond the resources of Art. By accident, at that time, whilst attending a lady affected with *retroversio uteri*, he had her placed upon her knees and elbows, the pelvis more elevated than the chest, in order to reduce the displacement, which was recent. This was the occasion of his first discovery; in effect he makes it appear, that, whilst in this attitude, the uterus elevated itself from the vulva, and that the superior part of the vagina was spontaneously dilated, the whole produced by the pressure of the atmosphere on the internal walls of the vagina, and enlarging it in all its diameters. Struck by this fact, Dr. Sims was anxious to examine, in the attitude above described, a woman affected with *Vesico-Vaginal Fistula*, who had just then been confided to his care. He states that the fistulous opening became perfectly accessible to view, and also that he, at that time, had a glimpse of the possibility of a happy operation.

An appeal made to his neighboring colleagues enabled Dr. Sims to assemble seven or eight cases of *Fistulas*, abandoned as incurable. The silversmiths, blacksmiths, dentists, and manufacturers of instruments, were put under contribution to fashion a rough surgical arsenal, and at length the first operation was performed on the 11th of January, 1846. It is not inutile to say that Dr. Sims announced having read all the authors he could find, on this subject, even before his *first* operation, without having found anything but *obscurity and confusion*.

The case was very simple, the fistula being transversal and situated at the base of the vesica, an inch and a quarter broad. There was abundant tissue. The opposition was very exact, and still he was unsuccessful. It is true the orifice was so much reduced that it would not admit a No. 4 bougie.

Encouraged by this first result he repeated the operation on another woman, but without success. Then he made new and various trials, till each patient had submitted to numerous operations, but all in vain. His hopes were almost annihilated, and he was advised to give over his attempts, but he had communicated his enthusiasm to his patients, who, endowed with indomitable courage, insisted upon his repeatedly renewing his trials.

During three years Dr. Sims made use of what he called *clamp* sutures, operated by a complicated machinery, a design of which may

be found on page 56 of his second pamphlet. His ill success appearing to him to be connected with this apparatus, he abandoned it. He then called to mind that when a boy he used to hammer shots, and close them around his fishing-line with his teeth, the better to make it sink. This reminiscence came to him on the night of the 14th November, 1846! Thence a new means came to light for fixing the threads of the suture, new essays were made, but ever fruitless. The *clamps* intended to secure the threads were too voluminous. They were at first diminished, and then afterwards re-placed with bars of lead. In spite of all these modifications, failure was constant. This was then attributed to the catheter, and it was newly fashioned. At this epoch, according to Dr. SIMS, the mechanical part of the operation was perfect. Why, then, did he not succeed? The idea came to him to substitute for the silk thread leaden wire, for making ligatures, and often used by METTAUER and DIFFENBACH, and the innocuousness of which had been demonstrated by LEVERT. Two cases of Vesico-Vaginal Fistulas, and one of Recto-Vaginal Fistula, were treated by this means, and which, *happily*, says the author, *miscarried* like the others. He then thought of gold, of silver, and of platina; and ordered to be made by a jeweler, silver wire the size of ordinary sewing thread, with which he operated on the 21st of June, 1849.

CASE.—It was upon a young negress, who had never murmured at the preceding failures. She was placed upon the table for the thirtieth time. The leaden clamps, the silver wire, and the perforated shot, were put in use. In all the preceding operations, the urethra, at the end of two or three days, became red and painful, the urine surcharged with a thick tenacious mucus, evident signs of inflammation, which prevented the immediate union. In this case, the urine remained perfectly limpid, and on the eighth day the parts were completely healed. The suture apparatus remained in place, as on the day of its application; the leaden cross-bars that supported the ligatures were merely a little imbedded in the mucous membrane of the vagina.

The problem was at length solved, and but a few days after, and all the persons on whom he had experimented so long a time were cured.

A severe disease induced Dr. SIMS to publish to the world his first paper, though he could have willingly elucidated still further some points. Having sent it to Philadelphia, the memoir was published in the "*American Journal of the Medical Sciences*," page 59, of the January No. for 1852.

It is this work that we are now about to examine. It is true it was not necessary to report the preceding matter; I have thought, however, it would be interesting to know to what anguish—to what pre-occupations—an ingenious and tenacious spirit is submitted that seeks to attain its aim without being deterred by obstacles or misfortunes. We

resume briefly the recital of Dr. Sims' perplexities; they at least fill up fifteen pages. We have pruned them of all digressions and all the passages in which "Providence," "Almighty God," "Divine Mission," &c., appear here to play a very inopportune part. At the very first, in reading these pages, one is incited to raillery, and to laugh at the folly; then, he can not hinder himself from a kind of admiration for the double perseverance of the operator, and for those operated upon, especially. We can not doubt that during four years the cure of *Fistulas Vesico-Vaginales*, had been, with Dr. SIMS, a species of humanitarian monomania, very rare among Surgeons, and which, also, is not destitute of greatness. There is, however, a useful lesson to be drawn from all this. Dr. SIMS has tortured his brain for four years, in order to invent methods, which were a long time since published, and which had, in 1849, produced more than one success. Two or three months would have been abundantly sufficient, to have read the works published on this matter, and to have realized some success; for in 1849, I repeat it, a goodly number of *Fistulas Vesico-Vaginales* had been healed by the suture.

Accident, perseverance, ingenuity, reasoning, may certainly had to great therepautic discoveries, but the surest route still is to appeal to the experience of others, and it is this that makes the sound erudition the way that still conducts the most certainly to progress.

We will only add one remark: That without indicating their number, Dr. Sims declares, implicitly, that previous to his first success he had operated many times, since one patient alone come to the amphitheatre for the thirtieth time. In supposing that our surgeon had made the fiftieth trial, we can not well explain how he has been so unfortunate, and, at the same time so persevering; for at the time even when manual operation was very defective, some one succeeded always, from time to time; for example, LALLEMAND, DIEFFENBACH, &c.

Method of Dr. Sims in 1852.—After some generalities on the causes, diagnostics, prognostics, anatomical varieties of Vesico-Vaginal Fistula, followed by a historical summary, in which the frequent want of success of the suture is recounted, the author claims, by right, the priority,—

1st. For the discovery of a method of exploring the vagina which permits the seeing easily, and operating with facility;

2d. For a new suture apparatus which remains imbedded in the tissue for an indefinite period of time without cutting through like the silk thread;

3d. For the invention of a "*self-retaining*" speculum easily supported by the patient during treatment.

We will also divide, on our part, the examination of this method into three parts.

1st. *By the exploration of the Vagina.*—We have seen above in what this innovation consisted, and how Dr. SIMS arrived at the discovery. Here are more details. The patient is placed on a table, two and a half

to four feet high; she is to support herself on her knees and elbows, the haunches elevated, the head and shoulders depressed, the knees six or eight inches separated, the thighs flexed at right angles. The dress, any way capable of exerting a pressure on the abdominal paries, is suppressed. From each side, an assistant places one hand in the fold of the breech, in such a manner as to be able to touch the *labia majora* with the extremity of the fingers. If the nates are then drawn upwards and outwards, the vulvar orifice is opened, the pelvic and abdominal viscera gravitate toward the epigastric region, and the atmospheric pressure is exerted on the walls of the vagina (according to Dr. SIMS at the rate of fourteen pounds to the square inch), displaying this canal in its greatest extent,—the view then attains very easily to the *fistula* to the *os tinæ*, &c.

In order to facilitate the exploration of the parts, the aid situated on the right introduces into the vagina the *lever-speculum*, and elevates the cloison recto-vaginal; the cavity becomes then as easily to see as the back part of the throat when the mouth is widely open.

One word now, in regard to the speculum—an instrument so precious that I commend with all my heart.

[Here follows a description of the speculum—a translation of which, without figuring, would be unintelligible.]

Dr. BOZEMAN has modified this speculum, giving to it greater dimensions, and re-placing the terminal hook with another instrument, either larger or smaller, so that two speculums are united in the same instrument.

The position requisite to be given to the patient is of sufficient importance to legitimize some observations; and, to begin with, we admit that Dr. MARION SIMS may have discovered it, on his part, but as to *priority* he can not claim it for an instant.

In fact, SCHREGER published, in 1817, a case, in which he obtained an almost complete cure after the applications of the suture. "The patient kneeled on the edge of a bed, supporting the upper part of the body on a rolled mattress, so as to form by it and the thighs a right angle, the latter separated as far as possible."

In 1829, J. PH. ROUX attempted the cure of a *Vesico-Vaginal Fistula* by a suture. "The patient was made to lie on her belly, the thighs separated, sustained by aids, the pelvis more elevated than the head," &c.

In 1839, M. VELPEAU recommended the same position: An assistant, he says, holds the vagina dilated by means of a large grooved instrument of metal, horn, or wood, &c.

In 1834, the same thing had been accomplished in England by GASSET, in a very remarkable case, to which we may return.

About 1841, WÜTZER, who occupied himself successfully in Germany on the same matter, adopted *decubitus in pronatione* as the position.

It would be superfluous to multiply citations, in order to prove that long before 1845 many surgeons had recognized the advantages of the above attitude.

[The French author, M. VERNEUIL, discusses at considerable length the relative merits of different positions. It seems hardly necessary to follow him through several pages devoted to this subject. His conclusions appear to be more in favor of *decubitus in pronatione*, when the operation is to be performed without anæsthesia of the patient, but when chloroform is to be administered, he prefers the patient to be placed on her side. Though the operation is not attended with so much pain as to make anæsthesia desirable, yet when it is judged requisite to depress the *fistula* (by the use of an instrument of whalebone introduced into the urethra) so as to bring it into view, it is much more easy to accomplish the depression, with the patient under the influence of chloroform.]

Dr. SIMS appears to have been himself struck with the inconveniences of the position *in pronatione* which he had at first so much vaunted. In his second pamphlet he has counselled another, applicable, according to him, in the greatest number of cases, and which he describes in the following manner:

"The patient lies on her left side, the thighs flexed nearly to a right angle with the pelvis, the right thigh a little more than the left. The left arm is thrown backwards, the thorax turned downward so that the sternum is applied in contact with the bed. The vertebral column is in complete distension, and the head reposes upon the left parietal."

We will continue the exposition of Dr. SIMS' method in the same order; that is, in making his description march in front, the historical criticisms, and our personal appreciations follow.

AR. VERNEUIL.

(From the "*Oesterreichische Zeitschrift für Praktische Heilkunde*.")

EXCERPTS FROM PROFESSOR CHRASTINA'S REPORT ON THE RELATIVE
NUMBER OF HEALTH OFFICERS IN THE CITY AND COUNTRY.

No one can exercise the calling of priest, of advocate, of notary, or of magistrate, if he has not made a full course in the faculty to which he intends to belong, and perfected himself in his own special sciences. Certainly, men who have charge of the noblest interests of humanity—health—should possess all the knowledge of Medicine that can be obtained by study. But how can it be possible for a surgical candidate, a young man of no previous cultivation of mind suitable, to master, in the space of three years, such weighty matters as anatomy, physic, chemistry, physiology, surgery, &c., in a manner worthy of claiming the confidence of the public, as a practitioner? Neither his previously acquired knowledge, nor the grade of his sub

sequent training, are such as well enable him to understand these studies. Besides, the course is run over in such a cursory manner that the best scholars even would not be able to comprehend it in this interval. Yet the student of *Medicine* must pursue, as a preparatory study, a fundamental training of *eight* years, and then still devote *five* more years to professional subjects.

In earlier times, when the medical sciences had not yet extended far beyond their primitive bounds; when still a sparing knowledge of descriptive anatomy, physiology, and pathology was sufficient to procure a doctorate; when the expulsion of a tape-worm was esteemed half a miracle; when organic anatomy, chemistry, and microscopy were but very little, or not at all, introduced into medicine, — then, at that time, the institutes of surgery were established — transmitted from the same original fountain of medical knowledge; but, at the present, when the mere handling and overlooking anatomy with un-armed eye is no longer sufficient; when the subject is dissected to the most invisible fibre and cell, and these again traced in the embryonic state, where we seek to fathom the most enigmatical functions of the human organism; — in short, in a time when medicine has undergone a complete revolution, and neither can, nor must, remain in the rear of the other natural sciences, hastening forward as they are with giant strides, — in such a time, I maintain that the inferior chirurgical institutions are no longer in unison with the remaining systems of mental culture, in full tide of successful experiment, and soaring aloft in Austria.

It is really wonderful that in the midst of these troubles — these prospects that oppress the Medical Profession, like a leaden weight — the Medical Sciences remain in such splendor; that the Medical Faculties of Vienna and Prague belong to the most renowned, and are acknowledged as such, in the whole world. The outside world show this appreciation, by sending, yearly, multitudes of young men to Vienna and Prague, to seek out, and profit by, the teachings of our high schools. But in order not to paralyze, in the end, these hitherto abundant capabilities, it is high time to cast about for ways and means that may be suitable, whereby this tedious and self-devoting study, united with so much expense of time and money, may have opened out a prospect of sufficient exercise and remuneration, and not need to suffer with hunger, or starve for want of use.

In 1838, there were 300 physicians to a population of about 400,000, and still there was no complaint for want of health officers, nor did the physicians complain of being overburthened with business — much less, for a destitution of the means of living.

This state of things has altered. With the oversupply of medical men still increasing, there are but few now so happy as to be able, by practice constantly, to support their families: *rari nantes in*

gurgito vasta. Most practitioners having no other source of income, have hard work to cover their daily expenses, but many have no sufficient employment to that end, and even more must suffer. . . .

It may be the case that, with time, the ardor of scientific zeal will cool, and that students about to select a profession will turn their backs upon the thorny path of Medicine, well persuaded that the deceptive adage, *dat Galenus opes*, can only be applied in rare cases, and that the future generations will vote it a myth from the hoary times of antiquity.

The whole number of civil health officers in Lower Austria, consists in 123 Doctors of Medicine, and 630 Surgeons; the population being 1,065,000. On an average, there is one physician to every 800 inhabitants, and one surgeon to every 1500. If we compare the metropolis, Vienna, with the "rural districts," there we find the disproportion of doctors to inhabitants as ten to one for city and country; whilst in Vienna there is one *Doctor of Medicine* to every 800 inhabitants, and in the country one to every 8,000.

The very natural inquiry arises: What hinders the *graduated* physician from settling in the country? Why, for example, in the near vicinity of Vienna, in Hüttelburgh, Purkersdorf, Neulengbach, and in other places, the seats of district officers, is there no doctor? I have the answer: All these places have been tried by doctors, as I could substantiate by their names, but they could not succeed. In every place there is a surgeon, that lives on an easy footing with the community, is allied or related with many of the families, keeps a house-apothecary, carries his death-warrant in hand, confided in by the whole population, so that the most *skillful physician* has no chance in a concurrence with him.

The higher species of breeding of the Medical Practitioner—his manners, his mode of speech, and style of conversing—his bearing, in his intercourse with the people, all conspire to make the common man believe that such a gentleman would require a much larger fee than the surgeon, living with him in fellowship, and fraternizing in his amusements with him, and who, on his side, lets no occasion or opportunity fail to cunningly battle for his *aris et focis*, at the expense of his more learned competitor, and to conquer a subsistence; whilst, in reality, such a place is seldom in condition to support two practitioners.

The surgeon charges for a visit to a patient, from 10 to 20 kreuzer ($2\frac{1}{2}$ to 5 cts.); but at the same time he has 30 kreuzer for his flask of mallows tea, 30 for his salve, 30 for cupping, 30 for the plaster, and a separate charge for every other unavoidable article by each patient, but which the countryman, who thinks only what strikes the eye of any value, finds all very cheap, because the *visit* costs so little. But the doctor, confident in the advancement of the medical sciences

and not willing to victimize his patient with an extensive, and for the most part useless, trade in vesicatories, cerates, and emplastrums, and wishing to elevate his art somewhat higher, is, therefore unwelcome to the countrymen.

ABSTRACTS AND SELECTIONS for the PENINSULAR AND INDEPENDENT.

By M. A. PATTERSON, M. D., Tecumseh.

TRAUMATIC TETANUS SUCCESSFULLY TREATED BY ATROPIA.

The editors of the *Kentucky Semi-Monthly Medical News*, have published the successful treatment of a formidable case of tetanus by free use of atropia. The patient was a lad *æ*t. 14. The cause, a lacerated pistol wound of left hand, received 27th of December last. On the evening of January 12th, convulsions occurred; the spasms for a time were allayed by the applications of chloroform, but fearing its toxic effects upon the blood, repeated and greatly prolonged anesthesia was regarded as altogether too hazardous. On the 15th of January, at 10 A. M., he took 1-20 gr. of atrophine; similar doses were repeated every three hours, which kept him fully under the influence of the medicine, with the effect of gradually abating the force and frequency of the spasms. On the 15th, the atrophine was reduced to 1-40 grain every three hours. Spasms and delirium, more or less severe, continued until the 20th, when these manifestations were so slight the atrophine was discontinued. The trismus and muscular rigidity subsided very slowly. During the progress of the case, other means were employed to meet temporary symptoms; which will be readily suggested to the mind of any intelligent physician who may chance to have a case of this fearful nature under his charge.

The following remarks are so judicious we can not resist the inclination to present them to the readers of this Journal:

Chloroform, without doubt, is the most efficient agent for the control of the spasms, but unfortunately its toxic effects upon the blood unfit it for cases where long persistency of influence is required. And all authors who have observed and written much in regard to tetanus, teach us to place our principal reliance for success in the safe conduct of our patient through the first four or five days, after which the disease is spoken of as "chronic" and manifesting a tendency towards spontaneous subsidence. Our measures of treatment were from the first directed towards the attainment of this end. One of the most strongly urged points of treatment in this case, and, as we conceive one of the most important, was, that our patient should be kept *absolutely free from all needless sources of excitation*. Strange faces were prohibited from his room — noises were interdicted — his nurses were admonished to be gentle, calm, and quiet in their atten-

tions; sudden currents of cold air, and all unnecessary contacts with his bed, or touching his person without previously apprising him were avoided. . . . Then, if practitioners would content themselves with simply *moderating* the violence of the convulsive paroxysms of tetanus, by such agents as may be found best suited to each individual case, and, supporting their patient's strength, look to the ultimate spontaneous cessation of the disease, we sincerely believe that its mortality would be materially lessened, although it may long continue to be classed as one of the opprobria of our Profession.

APPLICATION OF GLYCERINE IN VARIOLA.

Dr. POSNER, editor of the *Medical Central Zeitung*, in the January No., 1859, of his journal, recommends the application of Glycerine in Variola, affirming that it protects and secures the patient against the Variola deformity.

He was led to the use of Glycerine, in consequence of the entreaties of his patients for some application that would relieve the distressing pain in the pustules; for this purpose he directed the anointing of the painful parts every two hours, with pure Glycerine. His anticipations were answered—the pain and tension being overcome.

It chanced that the first two patients upon whom the remedy was tested, were completely covered with pustules, which, upon the face, were confluent. Great deformity was expected; but when the scales fell off, contrary to every anticipation, the scars that remained were small and on a level with the skin—they were, however of such a dark color that the patients looked like mulattoes.

Out of instinct, not in obedience to direction, the convalescents continued the application of the Glycerine, and after six weeks, the discoloration had disappeared and the scars were scarcely visible. Since then a number of patients have been thus protected.

Great care must be taken that the Glycerine is perfectly pure.

[*Med. & Surg. Reporter.*

ERGOT IN PHTHISIS PULMONALIS.

Ergot, originally recommended by a French physician for Phthisis, has recently been tried by Dr. STAATS, of Albany, N. Y., with decided benefit, as he supposes, in three well marked cases of consumption. From the *New York American Medical Monthly*, for May last, we learn that he prescribed, 4 gr. of powdered ergot, $\frac{1}{2}$ gr. of ipecac, with 1-10 gr. of sulph. of morphia every six hours; a strong liniment of acetic acid and spirits of turpentine to the chest, and a full animal diet."

With such important adjuvants, the therapeutic agency attributed to the ergot may well be questioned. The asserted object of his communication is to call attention to the remedy, that it may be fairly tested, and with this view we notice his remarks.

TARTRATE OF IRON AND POTASH IN PHAGENDIC ULCER.

M. RICORD, of Paris, recommends this salt very highly in certain forms of syphilis. We have used it frequently, with truly surprising results. We now recall to mind a case in which a very large ulcer threatened to destroy the glans penis. The young man was brought very low by exhausting hæmorrhages, and the ulcer was rapidly progressing. In consultation with his attending physician, we advised from 5 to 10 grains tartrate of iron and potash, three times a day, with a strong solution of the same constantly applied to the affected part on lint. The bleeding was soon arrested, and the deep ulcer filled up with wonderful rapidity. We have used the remedy many times since, and are always pleased with its effects in similar cases.

[*Southern Med. and Surg. Journal.*]

NEW METHOD OF CURING HYDROCELE.

In the *Edinburgh Medical Journal* for December, 1858, is a statement that Dr. SIMPSON reported to the Medico-Chirurgical Society, the complete cure of a case of Hydrocele by the following method:

A slender wire, or metallic seton, "was passed through the sac, by first traversing the sac from below upwards with a long-handled surgical needle, such as is used in transfixing and tying hæmorrhoids, threading the eye of the needle after it was projected through the scrotum above with three or four slender iron threads, pulling the needle then backwards through the sac and out, and thus leaving the metallic seton in its place. The liquid drained off in an hour or two; adhesive inflammation set in, and progressed for two days, when it began to subside. The wires were removed on the third day, and the cure had remained apparently quite complete, with the vaginal sac firm and consolidated.

This method of treating Hydrocele was, Dr. S. held, much simpler in its performance than tapping and injecting; not by any means so painful to the patient; less likely to produce a suppuration or dangerous amount of inflammation; and, perhaps, experience would show also, betimes, that it was surer and more certain in its results.

In connection with this subject, we notice in the *Lancet*, a case at the Westminster Hospital, in which

Mr. HOLTHOUSE passed a needle with a silk ligature through the most depending parts of the hydrocele, squeezed out the serous contents, and tied the two ends together.

Sufficient time had not elapsed to determine the result, although it is probable from the known effect of metallic wires on living tissues that the iron seton will be found preferable to silk.

The same authority states that

M. CHASSAIGNAC, of Paris, introduced one of his drainage tubes to effect the same purpose, by means of a trochar, upon which the tube is intro-

duced completely through the hydrocele, thus acting the part of a canula."

OZÆNA.

Occasionally we meet with cases of Ozæna which are very distressing to the patients and perplexing to the physician. Hitherto our most successful treatment consisted in the introduction of a seton in the nape of the neck; injections into the nostrils of nitrate of silver, or sulph. zinc, and the internal use of Fowler's arsenical solution; the latter changed for special anti-scorfulous medication when indicated. The cure of an obstinate case is related by Dr. H. F. CAMPBELL (*Southern Medical and Surgical Journal*, March, 1859). He applied to the diseased Schneiderian Membrane, three or four times a day, a solution made by dissolving two grains of iodine in one ounce of glycerine. At the same time a mixture composed of Huxam's tincture of bark $\frac{3}{4}$ viij., iodide of potassium 3 ij., was administered in doses of a tablespoonful, mixed with sweetened water, three times a day.

UTERINE DISEASE THE MAIN CAUSE OF NURSING SORE MOUTH.

Dr. M. M. Pallen (*St. Louis Med. & Surg. Journal*) remarks:

From the uniformity with which I have met with disease of the uterus in stomatitis materna I have concluded that it plays an important part in the production of the disease. I suppose that the affection exists prior to the sore-mouth, and pregnancy or lactation, as the case may be, increases it to such an extent that gastric derangement results, and this is followed by the trouble in the mouth.

This hint is simply valuable to direct attention to the condition of the womb when symptoms of stomatitis materna occur. There is, however, more danger of needless interference with, than neglect of, this organ in this age of speculums and Bennetisms.

VOMITING DURING PREGNANCY.

In some obstinate, and rather alarming, cases of vomiting continued to advanced pregnancy, until the stomach itself became seriously affected, as proved by altered secretion, Dr. Gros (*Bul. Génl. de Thérapeutique*) speaks of prompt relief being afforded by the administration of pepsine.

ADDITIONAL TESTIMONY OF THE VALUE OF IRON IN THE TREATMENT OF SCARLATINA.

Dr. BISHOP, of Davenport, reports, in the February, 1859, No. of the *Lancet*, fifty-one cases, some of them quite malignant, of scarlatina, recently treated by himself, with the loss of but one patient. He attributes this exemption from the usual fatality of the disease in Davenport, to the employment of tonics from the first; "either citrate of iron or the tincture

of the sesqui-chloride in the usual full doses." He applied no caustics to the throat or tonsils, but used external applications of vol. camph. liniment, or turpentine sprinkled on a strip of flannel previously wrung out of hot water, and applied around the neck several times in twenty-four hours.

TREATMENT OF ERYSIPELAS OF THE LIMBS BY ELEVATION

A plan of treatment practiced at the Middlesex Hospital, England, for erysipelas of the limbs, is merely the practical application of a general principle which is too often neglected.

It consists in elevating the affected leg or arm in a vertical position above the horizontal plane of the body. This causes a subsidence of the swelling, and removes the pain; the circulation in the veins is accelerated towards the heart, and the hitherto inflamed and red skin assumes a pallid aspect.

[*Lancet*, Feb. 1859.

OBSTINATE VOMITING.

Dr. H. Buss, of Shoreditch, in the report of a case, incidentally remarks:

I put in practice Dr. STEGGOL's plan of arresting obstinate vomiting; ten-grain doses of sulph. of magnesia in half an ounce of water every half hour—a *dernier resort* which has never yet failed me.

[*Ibid.*

ATROPIA IN EPILEPSY.

Dr. MAX MARESCH (*Wienerzeitschrift*), Physician to the Vienne Hospital for the Insane, prescribed the Atropia in eighteen cases of Epilepsy; three were completely cured, and thirteen much improved.

The one-fiftieth of a grain was given every morning before breakfast for a period of from sixty to ninety days—an intermission of thirty to forty-five days allowed to the patient, and then the medicine again prescribed. It is important that the patient use neither coffee nor cocoa, as the active principles of these counteract the physiological effects of the Atropia.

In the above dose, the usual symptoms of balladonna were produced.

[*Med. & Surg. Reporter*, trans. by Dr. Demmé.

OF THE TREATMENT OF ORGANIC STRICTURES OF THE URETHRA BY IODIDE OF POTASSIUM.

Dr. THIELMANN, surgeon of one of the hospitals of St. Petersburg, has utterly relinquished, the last thirteen years, the use of mechanical means habitually employed for organic strictures of the urethra,

which he treats exclusively by iodide of potassium. This medication has perfectly succeeded in twenty-seven cases of stricture, presenting a great diversity with respect to seat, extent, structure, etc. With the greater part of the patients a more or less copious gonorrhœal discharge was present at the same time. The oldest strictures were of two years' standing, the most recent of eight months'.

Dr. THIELMANN exhibited to each of his patients three table-spoonfuls a day of the following solution:

R. Potassa Iodidi 2 dr.
Aqua destill. 5½ oz.

He prescribed a rigid milk diet, permitting amylaceous food. . . It was sometimes requisite momentarily to suspend the use of the iodide in order to avoid the accidents that might be superinduced by its protracted uses. The duration of the treatment varied from a fortnight to two months, when the inodular tissue of the strictures was felt externally. Dr. T. ordered, in addition, frictions along the part of the penis corresponding to the urethra, with an ointment composed of

R. Potassa iodid 1 dr.
Adipis 1 oz.

The gonorrhœal discharge for the most part ceased spontaneously. When it was persistent, it was treated by the ordinary means.

[*Med. Zeit. Russlands, and Journ. Pract. Med. & Surg.*

VEGETABLE PARASITES OF THE HUMAN SKIN.

Mr. JABEZ HOGG, read an interesting paper on this subject before the medical society of London (January 24, 1859), the object of which was to show the fallacy of the theory propounded by certain physicians, who attributed certain special diseases of the skin to a vegetable parasite peculiar to disease in question; thus, that the porrigo favosa (the cupped or honey-combed ringworm of Willan) is caused by a parasitic fungi called *achorion Schönleini*; that the porrigo scutulata of Willan is due to the parasite *trichophyton tonsurans*; that the porrigo decalvans is due to the *microsporon Audouini*; that sycosis or mentagra is due to the *microsporon mentagrophites*; and that the pityriasis versicolor is due to the *microsporon furfur*. The author combated this hypothesis by exhibiting the microscopic appearances of the fungi which were found in the products of these diseases, and showed that the same fungi were common to all, as also to other skin-diseases not included in the category of other authors; and summed up his arguments as follows: Fungi are well characterized throughout nature by feeding on effete or decayed matter; the fungi supposed to be peculiar to certain diseases of the skin were also found in many other diseases of the cutaneous surface; competent observers had not been able to find them in those peculiar diseases; sporules and filaments, described as the cause of one definite disease, had been found in the products of another definite disease, supposed to have a parasite of its own, differing from this and peculiar to itself; and, lastly, attempts had been made in vain to implant these parasites in the healthy skin; hence one could not but conclude that the whole theory was erroneous, and that

special parasites peculiar to and productive of special diseases did not exist. It was the author's conviction that the fungi found on the skin and hair were not primarily the cause, but rather the result, of disease.

[*Brit. Med. Journal*, Feb. 1859.]

PERSULPHATE OF IRON IN EPISTAXIS.

Dr. HIBBARD, of Richmond, Ind., promptly arrested a profuse and alarming nasal hæmorrhage by injecting into the nostril "3 ss. of a mixture consisting of a solution of persulphate of iron one part, rain-water ten parts." He remarks:

The points of this case worthy of notice are—1. The hæmorrhage, after resisting all ordinary measures, was arrested at once upon the application of a diluted solution of the persulphate of iron; 2. The application was convenient and without pain to the patient; 3. The nostril was left clear of clots, irritation, or other unpleasant consequence of either the lesion or the medication. . . . The preparation I used was a solution of the salt as made and used as a ferrugineous tonic by J. T. PLUMMER, M.D. of this city; and as the process appears to me much more simple than that of M. MONSEL, I subjoin it with Dr. PLUMMER's approbation:

R. Sulphate of Iron	℥ ijss.
Nitric Acid	℥ ij.
Water	℥ xss.

Triturate the salt and the acid together for fifteen minutes; then add the water and filter through paper. [*Lancet & Observer*.]

PROLAPSUS UTERI.

W. E. NOURSE, a Brighton Surgeon, relates in the March No. of the London *Lancet*, the successful treatment of a very bad case of this malady, of three years standing, by a simple application of the *principle* upon which the success of the surgical operation for prolapsus uteri depends, viz.: partial occlusion of the vagina. The favorable termination of the case affords a striking illustration of the importance of decided and precise directions, and of the efficacy of continued unremitting mechanical support. After replacing the womb, he directed that it should never again be allowed to descend externally—"That a sort of thick pad or cushion, of a length and breadth sufficient to cover the external parts, should be applied and kept in its place by a broad and firm T bandage before she again rose from the recumbent posture; that she should always put one on before rising from her bed in the morning, just as a ruptured person puts on a truss, and should never go abroad without one; and lastly, that she should introduce every night into the vagina, a few grains of tannic acid made up into a sort of soft pill."

On the same subject, according to the *Medical Journal of North Carolina*, Dr. BONORDON observes, that as a prolapsus uteri usually arises from hypertrophy of the organ and a relaxed state of the round and broad ligaments, the indications are to remove the hypertrophied condition, and to

strengthen the ligaments. In two cases he has been enabled to completely fulfill them by internal remedies. He administered twenty drops of *tr. ferri. mur.* morning and evening, giving with the evening dose also three gr. *secale cornut.* and ten gr. of *gum galbanum*, the external parts of generation being well rubbed several times a day with Hoffman's *balsamum vitæ*. At night, the patients were directed to lay with the pelvis somewhat raised. The *secale* was continued for fourteen nights, next alternate nights, then a while at longer periods.

RE-INTERMENT OF THE REMAINS OF JOHN HUNTER.

The following rare bit for the medical antiquary the *N. Y. Journal* credits to the *London Times & Gazette*. 'As public notice had been given that the re-interment would take place in the Abbey on Monday after the afternoon service, and that an appropriate anthem would be given, an unusually large congregation had assembled, and great numbers of medical men attended in addition to those who had obtained tickets at the College. There was no funeral service, but the words of the anthem were peculiarly appropriate: 'When the ear heard him, then it blessed him; when the eye saw him, it gave witness to him; he delivered the poor that crieth, the fatherless, and him that hath none to help him. . . . His body is buried in peace; his name liveth evermore.' While the service was proceeding, the Council of the College and many gentlemen invited to join in the ceremony, assembled in the Jerusalem Chamber, the room in which Henry the Fourth died, after having been brought there from the Confessor's Shrine in the Abbey in a fit of apoplexy. There were those present who recalled the words of the dying king, as embalmed by Shakspeare in his historical play, and of Congreve and Addison lying in state in the same room before their interment in the Abbey, so well described by Goldsmith as 'the place of sepulture for the philosophers, heroes, and kings of England' and there was a general feeling of pride on the occasion of adding the remains of one of England's greatest medical philosophers to the dust of his fellows; especially as our profession is not rich in associations with Westminster Abbey. Mead, Friend, and Baillie—with the exception of Buchan, of 'Domestic Medicine' renown—were the only medical men, before Hunter, entombed within its precincts. When the service was over the procession was thus arranged, following the coffin, which was carried on a high bier: The Dean of Westminster; Mr. Baillie, a grand nephew of Hunter; the Earl of Ducie and Dr. Clarke, of Cambridge, as trustees of the Hunterian Museum; Mr. Buckland and Professor Owen; the Presidents of the Colleges of Physicians and Surgeons, the Council and Professors of the College of Surgeons, the Censors of the College of Physicians, the Master and Warden of the Apothecaries' Company, the Presidents of several of the learned Societies, the Medical Officers of London and Provincial Hospitals, and many visitors. While the Dead March in Saul resounded from the organ, the procession proceeded round the Abbey, through lines of spectators, and returned to a grave opened on the north side of the nave, near the western end. Here the coffin was lowered amid a great concourse, and many present obtained their first glimpse of it. It was extremely well preserved. On a brass plate, with the family arms, was inscribed 'John Hunter, Esq., died 16th October, 1793, aged 64 years.' Beneath this plate the College had had another affixed, with the in-

scription, 'These remains were removed from the Church of St. Martin-in-the-Fields, by the Royal College of Surgeons of England, March 21st, 1859.' On opening the grave for Hunter, the bones of Ben Jonson were exposed, and a skull was freely handled about, said to be that of 'Rare Ben'; but we did not learn that the truth of the story of the poet being buried standing on his feet was confirmed. However this may be, the Poet and the great Surgeon, Physiologist, and Naturalist rest at last side by side, close to Gifford, who rescued Jonson's memory from unmerited obloquy, and another is added to the rich associations of our National Mausoleum. In its aisle and chapels sleep our kings and queens. Elizabeth in the same sepulchre with her victim, the Scottish Mary; the descendants of Robert Bruce by the side of the first Edward; Pitt within a yard of Fox.

'How peaceful and how powerful is the grave
Which hushes all!'

MEDICAL TEACHERS' CONVENTION.

LOUISVILLE, May 2, 1859.

The Convention of Medical Teachers was called under the following resolution, adopted at the Eleventh Annual Meeting of the American Medical Association, held at Washington city last year:

Resolved, That we recommend to all the Medical Colleges entitled to a representation in this body, that they appoint delegates, especially instructed to represent them in a meeting to be held at Louisville, on Monday, the day immediately preceding the Convention of the American Medical Association for the year 1859, at 10 o'clock in the morning, at such place as the Committee of Arrangements shall delegate.

In pursuance of this resolution the committee selected Mozart Hall for the place of meeting, and they made every provision for the comfort of the delegates and the gentlemen of the press, each of the latter having a convenient table, with the requisite stationery and a most luxurious arm chair, prescribed for his accommodation. This evidence of attention deserves our warmest acknowledgements.

At the hour of 10 the Convention was called to order, and Prof. Dixie Crosby, of Dartmouth College, Hanover, N. H., was selected as chairman, and Prof. George C. Blackman, of Ohio Medical College, at Cincinnati, as secretary. Prof. Crosby, on assuming the chair said that, like all his predecessors called upon to preside over deliberative bodies, he had been taken wholly by surprise, and should have declined had not Dr. Frost, of S. C., and Dr. Davis, previously excused themselves from serving. He could bring the Convention no qualification for the position except an earnest desire to serve them; but this, and the support of the members, he hoped would enable him to meet their approval and conduct the important deliberations satisfactorily.

Rev. J. H. Haywood was then introduced, and invoked the Divine supervision over the proceedings of the body, in an earnest and eloquent prayer.

Some discussion then ensued as to the mode of organization, some wishing all medical professors present to act as delegates, and others desiring that each college should have a unit representation. The following resolution was submitted by Dr. David F. Wright, of Shelby Medical College:

Resolved, That all members of the Faculties of Medical Colleges now present shall be considered members of this Convention, but that where more than one belong to the same College one of them alone shall vote in behalf of that institution.

After some further interchange of views—all tending to the same wish of full representation—on motion of Dr. A. H. Baker, of Cincinnati, the following substitute was offered and adopted:

Resolved, That a committee of three on credentials be appointed by the Chair.

Under this resolution, Prof. Crosby selected Drs. Baker, Shattuck, and Haskins the Committee on Credentials, and the Convention took half an hour's recess for the registration of the names of delegates.

Let us take advantage of this syncope in the proceedings to look around upon the descendants of Galen and Hippocrates now assembled here. It is an important convocation, its members exercising the most delicate relations to the whole human family and being the custodians of the life and health of the entire community. A grave, intelligent body of men, apparently proudly conscious of their high position, the delegates represent some of the most noted sources of medical knowledge in the country. As they rise to address the Chair, we hear their names enunciated by the clear voice of the President, and find them to have been written down in the book of professional fame, and associated with the prosperity of the medical colleges to which they belong, and in many instances adding largely to the reputation of those institutions. But few of them wear glasses; hardly a wig or a toupee is visible upon a rapid scrutiny of the heads of the Professors, and it seems to us that, generally, they look more hale and hearty than practicing physicians usually do. It may be that the professorial duties, which do not "murder sleep" by unreasonable midnight calls, and the quiet dignity of the chairs of Pharmacy, Surgery, Chemistry, Obstetrics, &c., are more congenial to the physical development of physicians, than the hard work, long rides, tedious walks, and harrassing cares of the Doctor of Medicine who has his round of patients to attend. Be this as it may, these teachers of medicine are a very fine looking body of men, their heads show great intellectual development, and their eyes are peculiarly keen and sparkling.

But the Committee on Credentials have discharged their duty; the Convention is called to order again, and the following delegates are announced as in attendance, with the institutions to which they belong:

Dartmouth College, New Hampshire—Professor Dixi Crosby.
 Shelby Medical College, Tenn.—Professor E. B. Haskins, Prof. D. F. Wright.
 Missouri Medical College—Professor J. N. McDowell.
 St. Louis Medical College—Professor M. L. Linton.
 Medical College of South Carolina—Professor Henry K. Frost.
 Medical College of Georgia, at Augusta—Prof. H. F. Campbell, Prof. Joseph Jones.
 Medical Department, University of Michigan—Prof. Moses Gunn.
 University of Louisville—Prof. L. P. Yandell, Prof. L. Powell.
 Cincinnati College of Medicine—Professor A. H. Baker.
 Lind University, Chicago—Prof. N. S. Davis.
 Oglethorpe Medical College, Georgia—Prof. A. G. Thomas.
 Medical College of Ohio—Professor George C. Blackman.
 Western Reserve Medical College, Cleveland, O.—Prof. G. C. C. Weber.
 Kentucky School of Medicine—Prof. M. Goldsmith, Prof. G. W. Bayless.
 Iowa University—Prof. Megugin.
 Medical College of Memphis, Tenn.—Prof. H. R. Robards.
 Medical College of Richmond, Va.—Prof. B. R. Welford, Prof. L. L. Joynes.
 Atlanta Medical College, Ga.—Prof. J. G. Westmoreland, Prof. John W. Jones.
 Medical Faculty of Harvard University, Boston, Mass.—Prof. Geo. C. Shattuck.
 Rush Medical College, Chicago, Ill.—Prof. Dan'l Brainard, Prof. Joseph W. Freer.

The Convention was then permanently organised by the re-election of the temporary officers, Prof. Crosby humorously remarking that the dele-

gates were fortunate in this action, inasmuch as they would have no further speech in reference to the honor conferred, &c. He said that, until the Convention should adopt rules for its government, he should limit speeches to ten minutes, and allow no one to speak more than twice on the same subject without permission.

Dr. Wright's resolution that members from Medical Colleges who are now present be permitted to take part in the debates, but that each college have but one vote, was again taken up, considered, and passed.

Dr. N. S. Davis offered the following, which was adopted:

Resolved, That a Business Committee of five be appointed by the Chair to report propositions for the action of the Convention.

The Chair appointed Drs. N. S. Davis, Gunn, Frost, Shattuck, and Yandell. After a short recess to enable this committee to report, they submitted the following through Dr. Davis, the chairman:

1. Resolved, That this Convention recognises the great advantages to be derived from the action of the American Medical Association, in prescribing the terms and conditions on which medical degrees shall be conferred and licenses to practice medicine shall be granted; and that an expression of opinion as to methods or periods of instruction from the American Medical Association should be received with deference and respect, and that all pains should be taken to enforce any rules and regulations recommended by that body.

2. Resolved, That this Convention earnestly recommend the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education adopted at its organization in May, 1847; and that the medical colleges will cheerfully receive and record the certificates alluded to in said standard whenever the profession generally and the preceptors will see that students are properly supplied with them.

3. Resolved, That no medical college should allow any term of practice to be a substitute for one course of lectures in the requisitions for graduation.

4. Resolved, That Hospital Clinical Instruction constitutes a necessary part of medical education; and that every candidate for the degree of Doctor of Medicine should be required to have attended such instruction regularly for a period of not less than five months during the last year of his period of medical pupilage.

5. Resolved, That every Medical College should rigidly enforce the rule requiring three full years of medical study before graduation, and that the diploma of no Medical College shall be recognized which is known to violate this rule.

Prof. Wright, of Nashville, moved that the resolutions of the report be considered seriatim, and the first being taken up he spoke at length in opposition to it, giving a history of the previous difficulties between the American Medical Association and the Medical Colleges. He could neither vote for such a resolution nor could he take any future part in the proceedings of a Convention which should adopt it.

Prof. Brainard, of Chicago, thought this Convention was asked to take a step fraught with peril to the harmony of the profession and its best interests; it should be met on the threshold, and a solemn protest entered against it. This body did not represent the medical colleges of the country with unanimity; New York, Philadelphia, and New Orleans were not represented here, and he must consider their absence as a protest against the assumption of any power on the part of this body, or the American Medical Association, to dictate the terms on which the colleges should confer their degree or receive their students. The admission of such a resolution would produce hostile factions both in the profession and in the colleges, and could never receive the sanction of those who had independent, chartered rights to fall back upon. He was opposed to no true improvement in the medical profession, but he did object to shutting that door upon young men desirous of entering the profession through which we ourselves all had entered.

Without definite action on the resolution, the Convention adjourned until 3 o'clock P. M.

AFTERNOON SESSION.

When the Convention re-assembled, Dr. Bayless offered the following amendments to the first resolution:

1. To substitute in the third line the word "recommending" for "prescribing."

2. To strike out all after the words "deference and respect."

A long discussion ensued on the resolution, which was participated in by Doctors Bayless, Yandell, Palmer, McDowell, Davis, Brainard, Shattuck, Baker, and Wright. The differences of opinion seemed almost as various as the number of speeches, and the Convention was tying itself into an apparently inextricable entanglement, when an Alexander sprung up in the person of Prof. L. L. Joynes, of the Medical College of Richmond, Va., who offered the following preamble and resolutions as a substitute for the resolutions from the Business Committee:

WHEREAS, It appears that a large proportion of the Medical Colleges of the United States are unrepresented in this Convention, and no changes in the present system of education can be effectual unless adopted by the schools generally:

Resolved, That it is inexpedient at this time to take any action upon the proposition contained in the report presented by the Special Committee on Medical Education, at the last meeting of the American Medical Association.

Resolved, That with the view of obtaining a more general union in counsel and in action, upon this important subject, this Convention do now adjourn to meet again on the day preceding the next annual meeting of the American Medical Association, at the place which may be agreed upon for said meeting, and that the several Medical Colleges in the United States be requested to appoint each one delegate to such adjourned meeting of this Convention.

These resolutions were amended, at the suggestion of Dr. Wright, to include the appointment of a committee of five, to take into consideration during the recess the various matters referred to in the resolutions, and report thereon at the adjourned meeting.

The vote was demanded on this by colleges, and resulted as follows:

YEAS---Shelby Medical College, Missouri Medical College, St. Louis Medical College, Oglethorpe Medical College, Ohio Medical College, Western Reserve Medical College, Kentucky School of Medicine, Medical College, Richmond; Atlanta Medical College, Rush Medical College --- 10.

NAYS---Medical College, S.C., Medical College, Ga., Medical Department University, Mich., University of Louisville, Cincinnati College of Medicine, Lind University, Iowa University, Medical College, Memphis; Harvard University---9.

The substitute was declared adopted, yeas 10, nays 9, and so the Convention stood adjourned until the day preceding the next annual meeting of the American Medical Association.

The Chairman appointed the following committee under the above resolution: Drs. Yandell, Shattuck, Blackman, Campbell, and Gunn.

Pharmaceutical Department.

New Therapeutical Uses for some of our Indigenous Plants.

We note the following new uses for some of our most valued plants, which it may be worth while to preserve:

Apocynum Androsæmifolium (commonly called Dogsbane or Bitter Root) has been used with success in dyspepsia and kindred diseases. In small doses the root is laxative; in larger ones, cathartic.

Atropa Belladonna, in the form of a watery solution of its extract, is recommended for arresting the secretion of milk, by applying it to the areola.

Plantago Major. The fresh juice of this plant (Yard Plantain) is stated to be a remedy for the bite of the venomous spider. It is administered in doses of from three to four ounces, with immediate relief.

Achille Millifolium (Common Yarrow) is proposed as an emmenagogue.

Lycoperdon Giganteum. The smoke of the burning Puff-ball is stated to possess decided anæsthetic properties, without evil results arising therefrom.

Gelseminum Sempenirius (tincture of Yellow Jessamine) is used with success in treatment of Gonorrhœa.

Trillium Pendulum (Bethroot), combined with *Scutellaria laterifolia* (Sculcap), in infusion, is recommended in treatment of Menorrhagia.

Gentiana quinqueiflora (under the name of Indian quinia). An infusion of this plant is largely used in the west, as an antiperiodic, in domestic practice.

Asclepias tuberosa (Pleurisy or White Root) is highly spoken of as a diaphoretic, without causing cerebral disturbance or checking the secretion of the kidneys.

Sanguinaria. This has recently been recommended by Dr. EDWARD H. SHOLL, M. D., of Warsaw, Alabama, in a communication to the *Philadelphia Medical Reporter*, as an application in treatment of carbuncle and of pneumonia. He states:

Premising, at first, the deep incisions, and the free use of the caustic potash, I have been in the habit of mixing with the powdered root a suffi-

cient quantity of honey to make a semi-fluid mass. This is to be spread on lint or soft muslin, and applied twice daily to the diseased part, proper care being used in removing the discharge. For the first few days, morning and night, a tablespoonful of the Tinct. Sang. should be given, as an alterative—an effect I am convinced always to be desired in the earlier stages of this disease. This simple treatment possesses an undeniable superiority over any method I am cognizant of, in that it much abbreviates the duration of the disease, and that from the first dressing the improvement progresses steadily and rapidly to a cure. This has been the uniform experience of my own trials with it, and of those to whom I have suggested its use, and I cordially commend it to the Profession, hoping they will give it a careful trial, and note its merits.

In its adaptation to the treatment of pneumonia, which, in our southwestern country, is prone to assume a typhoid form, gleaming from a wide range of cases, the treatment of which has thus far been uniformly successful, in its curative agency as alterative, sedative, and nauseant, it has few equals, especially when aided with the properly-timed administration of quinine. I speak of the disease as it prevails in our section of the country, and do not intend to embrace the pneumonia of every latitude—simply that modified by existing local causes. In all cases ushered in with a decided chill, experience has proved that mercury is positively injurious, and here come into play the admirable virtues of Sanguinaria as an alterative. The following formula was obtained from Dr. COCKE, of Mississippi, who, during an extensive practice of twelve years, I am told, was successful in his management of every case of pneumonia:

R. Tinct. Sanguinaria, f $\frac{3}{4}$ v.
 Tinct. opii camph., f $\frac{3}{4}$ vi.
 Spirit pyroxil., f $\frac{3}{4}$ ss.
 Potass. nit. 3 i.
 Aquæ, f $\frac{3}{4}$ iii.

M. Sig. A teaspoonful every two hours.

Using it in this way, coupled with such other remedies as the variations of the disease may suggest, I have been more than gratified in its power of controlling a dangerous disease. In spasmodic croup, whooping cough, and chronic diseases of the liver, I can, from experience, recommend it to the Profession as a useful and desirable remedy.

New Process for obtaining Scammony Resin.

Prof. WILLIAMSON, of University College, England, has recently patented a process for obtaining the pure resinous extractive matter from the imported dried root of the plant, which yields a uniform percentage of the article, and enables him to supply it to the trade, through the workers of the patent, at a rate much less than that for which the best virgin Scammony can be obtained.

The idea was suggested by a manufacturer of Extract of Liquorice, in Turkey in Asia, who thought that if the root of the plant was collected at the proper season, and dried, that a suitable process could be devised by which to extract the resin, rendering the product more abundant, uniform, and cheaper.

Prof. WILLIAMSON'S process consists of boiling the roots first with water, and afterwards with diluted acid, by which means they were

deprived of all matter soluble in those menstruæ, while the resin was left undissolved. The roots are then digested with spirit, which dissolves out the resin, and from this the spirit is separated by distillation.

The physical qualities of the Scammony thus produced differ from that met with in commerce, and from pure virgin Scammony. It is non-porous, not producing a lather with water, and instead of having a musty, or sour, cheese-like odor, possesses an aromatic and fruity smell, exactly like the dried, untapped root. In appearance, when in thin layers, it much resembles the Scammony which is occasionally seen in the small shells (and regarded as the purest form of Scammony), being transparent and of a yellow color. In composition it is very rich in resin, being almost entirely composed of this matter in the state of a resinous acid.

Dr. A. B. GARROD, of University College, as the result of experiments, one hundred and twenty in number, is of opinion that this new form of Scammony is equal to the best specimens of virgin Scammony, and to the resin which is extracted by ether from commercial Scammony.

Citrate of Iron and Strychnia.

At the request of one of our subscribers, we call attention to this new therapeutic agent, which has been used with considerable success, in some of the Hospitals of Great Britain, in cases of dyspepsia of an atonic character. It has been found of great benefit in similar conditions, depending upon functional derangement of the uterus; acting in such cases as an emmenagogue when all other remedies have failed, and it has a powerful effect in tranquilizing the excitement of the nervous system. Mr. CHARLES A. HEINITSCH, pharmacist, of Lancaster, Penn., who has prepared considerable quantities of this salt, reports that in the hands of the medical gentlemen of his place it has proved a great success in treatment of chlorosis, especially when dependent upon mental emotions, or when there has been a total suppression of the menses from any excitement.

This salt, as found in market, usually contains one part of Strychnia to forty-eight parts of Citrate of Iron; the dose being three grains, which would give one-sixteenth of a grain of Strychnia with each.

It is prescribed with tincture chiretta or tincture chiretta and fluid ext. valerian.

F. S.

Hydrate of Magnesia, an Antidote to the Poisonous Effects of Arsenious Acid.

Mr. G. GUERIN proposes to substitute the hydrated peroxide of iron by hydrate of magnesia, in arsenical poisoning. This can be quickly

prepared by any one, and consists of precipitating the hydrate from a solution of sulphate magnesia (Epsom salts) by means of liquor ammonia. The hydrate of magnesia is then washed with several waters, and administered in a state of suspension in water.

Pepsin Wine.

Our Philadelphia friends in the Pharmaceutical Profession, ever anxious to take and keep the lead in introducing novelties in Medicine, have gotten up, recently, a Pepsin Wine. We wonder if it is like the following!

Take of Starchy Pepsin, prepared according to Messrs. COVISART & BOURDAULT's formula, *one drachm and a half*; Distilled Water, *six fluid drachms*; White Wine, *fifteen fluid drachms*; White Sugar, *one ounce*; Spirits of Wine (33°), *three fluid drachms*. Mix, dissolve, and filter. One tablespoonful of this wine contains about fifteen grains of Pepsin, and may be given after every meal.

[*L'Union Medicale.*

We doubt whether thus dissolving and masking a Pepsin, assists its therapeutical powers, and believe the form recommended by BERTHE (in pastiles), to be the best for its administration.

F. S.

Chromic Acid in Syphilitic Vegetations.

Mr. HAIRON, after describing the advantages derivable from the chromic acid in certain forms of the granular eyelid (a disease of common occurrence in the Belgian army), observes that the trials he has made of the acid, as recommended by MARSHALL and HELLER in syphilitic vegetation, have been attended with the most complete and rapid success. Moreover, its application, whether to these syphilitic vegetations or to the fungus granulations of the conjunctiva, is never attended with pain or reaction, notwithstanding the rapid destruction of tissue that takes place.

[*Annales d'Occulistique.*

Detection of Pregnancy, by Ergot.

A correspondent of the *Boston Medical and Surgical Journal* recommends Ergot for the above purpose, and states:

For many years I have been in the habit of administering small doses of this drug for this purpose, and in my hands it has seldom failed of furnishing the evidence sought. The specific action of the medicine is not felt by an unimpregnated womb, while the gravid uterus, I believe, almost invariably responds to its action by some uneasiness in the back, but more particularly by pain in the upper part of the thighs, sufficiently to enable you to diagnosticate the case with great certainty. I have in many doubtful cases trusted to this test, and have very seldom been disappointed in my diagnosis. I will only add that the Ergot can be given with entire safety in sufficient quantity to accomplish the object sought.

Compound Confection of Cubebs and Copalba with Nitrate of Bismuth.

M. CABY, in the *Bulletin Général de Thérapeutique*, recommends the addition of the Nitrate of Bismuth to combinations of Copalba and

Cubebs, as it possesses the power of neutralizing the irritating effects produced by those medicines upon the digestive canal.

The formula employed at the Hospital of St. Lazare, Paris, consists of equal parts, by weight, of balsam copaiba, powdered cubebs, and subnitrate bismuth, flavored with some aromatic essence.

It is stated that the confection is acceptable to the most delicate stomach; there following no excitement, epigastric heat or diarrhoea. Its medical action being entirely concentrated upon the genito-urinary passages, it follows that the desired results are more rapidly and easily obtained.

Hypophosphate of Quinia.

Is proposed as a new remedy, by Prof. J. LAWRENCE SMITH, and suggested by him as useful in hectic fever of phthisis, as a tonic in the same disease; also in the various forms of cachexy, where quinia is used.

Its solubility in cold water also recommends its use in place of the less soluble salts of quinia, where the presence of acids in extemporaneous solutions is objectionable.

The Hypophosphate of Quinia may be made, in a small way, by adding an excess of recently precipitated Quinia to a hot solution of Hypophosphorus acid. Upon cooling, the salt crystallizes in beautiful silky tufts, resembling, when dry, asbestos in appearance.

It is very soluble in hot water, and in water at 60° Fahr. in the proportion of one part to sixty.

[Semi-Monthly Medical News.]

The Employment of Alkalies in the Extraction of the Active Principles of Plants.

DANNECY noticed, in the treatment of fevers contracted in the departments of Landes and Gironde—those called paludal or marsh fevers—that while sulphate of quinine failed so frequently, on the contrary, success attended a host of so-called empirical recipes, in which cinchona was combined with carbonate of potassa. This clinical result induced DANNECY to investigate the nature of the action of the alkaline carbonate, and brought him to the conclusion that the alkalies (potassa or soda) were the most powerful adjuvants in the extraction of the active principles contained in plants. Thus, he does not hesitate to propose the addition of a small quantity of these substances to water, as the best means of obtaining good pharmaceutical preparations.

Cinchona bark, treated by this process, furnishes extracts with little taste; and DANNECY believes that they will be preferred, on this account, to the ordinary preparations, especially in the treatment of children.

The employment of an alkali in the exhaustion of plants, for those which contain astringent principles among their proximate elements, has another very important advantage; it prevents, during the evaporation of the liquid, the formation of the substance called *apothème*, which has been considered, by pharmacologists, as a result of the oxidation of the extractive principle. The preparation of the extract of *Krameria*, which presents this phenomenon in a very great degree, is completely protected from it by the addition of a small quantity of alkali to the water used in its preparation. Evaporation, then, in the open air, does not furnish the

slightest quantity of this insoluble principle, which, in the preparation of the extract by the ordinary method, diminishes so notably the proportion and quality of the extract made with cold water.

After some experiments made on *nux vomica* and *cinchona*, DANNECY was induced to conclude that the process of extraction by alkalies furnishes a ready and economical method for the procuring, not only of strychnia and quinine, but also of other immediate principles, not yet isolated.

[*Journal of Maryland College of Pharmacy.*]

Honey of Roses.

The following is from the pen of Prof. GRAHAME, of the Maryland College of Pharmacy, in a paper read before the College:

Take of Red Rose leaves, in powder (No. 50 sieve)	2 ounces.
Clarified Honey	20 fluid ounces.
Diluted Alcohol	sufficient quantity.
Oil of Roses	4 drops.

Dampen the powder with the diluted alcohol, and pack moderately firmly in a glass funnel displacer; place over the surface a piece of perforated filtering paper, and pour on the menstruum; set aside the first six fluid drachms of liquid which pass; continue the percolation to exhaustion (about 6 fluid ounces); reduce this by water-bath at a temperature not exceeding 160° F. to ten fluid drachms, and having mixed this with the portion first obtained, add the oil of roses and mix the fluid extract thus made with the clarified honey.

As thus prepared Honey of Roses is highly astringent, and possesses much richness of color and flavor.

Thus formed, it is an agreeable and valuable astringent addition to the gargles employed in inflammation and ulceration of the mouth and throat.

Itch Ointments.

M. BIETT has made a series of experiments at the St. Louis Hospital, Paris, to determine what will cure itch in the shortest time. Forty-one different preparations were employed. Of these he found the following ointment cured in the smallest number of days:

R. Sublimated sulphur	℥j.
Subcarbonate of potash	℥ss.
Adeps simplex	℥iv.

Apply morning and evening.

Seven days are required to destroy the *acarus scabei*, by which it is produced.

R. Recent grains delphinium staphisagria	℥v.
Adeps simplex bul.	℥viij.

M. Digest twenty-four hours at the temperature of a 100° in a sand bath, and strain.

Friction for four days with this ointment not only destroys both the insects and their eggs, but also completely cures the eruption.

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Original Communications.

ART. XV.—Luxations of Hip and Shoulder Joints.

[Re-published from the *Peninsular Journal of Medicine*, for July, 1855, with additional experiments and observations.]

By MOSES GUNN, M. D., Prof. of Surgery in the University of Mich.

THE object of the present paper is to elucidate more fully certain views relative to luxations of the hip and shoulder joints, which were contained in a short article originally read before the Detroit Medical Society; and subsequently published in the *Peninsular Journal of Medicine*. An article on dislocations of the hip, by Dr. MARKOE, of New York, published in the January No. of the *New York Journal of Medicine*, induced me to re-peruse the article by Dr. REID, of Rochester, published in the Transactions of the State Medical Society of New York; and I was pleased to see how illustrative of the views contained in my former article were two experiments, one made by each of these gentlemen. These, together with further experiment on my own part, led to the preparation of the present paper; in the construction of which

I shall here introduce my former article, published in September, 1853:

The views here advanced I have taught for the past two years to the gentlemen composing the Medical Class in the University; and I shall offer no apology for calling the attention of the Society for a few moments this evening to the subject of Dislocations of the Hip and Shoulder, and more particularly to that form of the accident, which, from the anatomical peculiarities of the joint, is one exceedingly difficult to reduce; and for the reduction of which Dr. REID has recently proposed a novel and efficient mode.

It is not my intention to discuss the question of priority which has been raised in reference to this subject, for there can be no doubt that Dr. REID arrived at his conclusions by a course of reasoning and experiment, and that those conclusions were most essentially novel to a large majority of the Profession. I propose, rather, briefly to consider the prominent peculiarities of the joint, and the relation of the parts in a state of dislocation; the structures which oppose the return of the head of the femur to the acetabulum; the manner in which Dr. REID's manipulations overcome this opposition; and, lastly, the application of the principles involved, to the reduction of some other dislocations.

The encircling ridge which gives depth to the cotyloid cavity, presents upon its outer slope a plane, the inclination of which varies in different parts. At its posterior portion this inclination is very great, and it would seem, in dislocation in this direction, impossible to return the head of the bone to the cavity without lifting it completely over the ridge: upwards and backwards it is more gradual, and would seem to afford a much more easily surmountable obstacle; yet when we examine the relation of the parts in a dislocation in this direction, we find that applied to this surface, we have the anterior and inferior surface of the head and neck of the femur, the rotundity of the head corresponding with the curvature of the slope, while the edge of the acetabulum corresponds with the curvature described by the anterior and inferior surface of the neck. Although thus seemingly locked together, comparatively slight extension in the line of dislocation would cause the head to ride over the edge of the cavity, were it not bound down in this position by the surrounding tissues. Which particular tissue constitutes these bonds is an important question to him who seeks to relax them. Dr. REID, in common with the Profession generally, considers the muscles the agents which thus oppose our efforts at reduction, and his manipulations are conducted with a view to relax them, while the femur, acting as a lever, raises the head of the bone clear of the edge of the cavity. With this same view we have the directions of the books and public teachers to apply extension and counter-extension *slowly* and *uniformly*, in order to *tire out* the rebellious muscles. Blood-letting, antimony,

and the hot bath are also called in to aid in this laudable crusade against these wicked organs.

In this view, I would respectfully differ with Dr. REID, the teachers, books, and Profession, and state my honest belief that the muscles oppose our efforts very little more than they do the progress of our earth in its orbit. This belief I have repeatedly verified by experiments upon the dead subject, and the members of the Medical Class of 1851-2 in the University will remember those conducted before them. A subject was placed upon the table, the lower border of the gluteus maximus was raised, and a scalpel carried through the subjacent muscles, and an opening made in the posterior and superior portion of the capsular ligament. The round ligament was then divided, and the head of the femur luxated upon the dorsum of the ilium. The usual indications of this dislocation were present. The subject was placed in the proper position, a counter-extending band applied to the perinæum, and fixed; the strength of two men exerted now upon the extending band, while endeavor was made to raise the head of the bone clear of the acetabulum with a jack towel was insufficient to reduce the luxation. REID's method of manipulation readily replaced the bone. This experiment was repeated many times, and uniformly with the same result.

As *muscular action* could not have opposed our efforts and prevented success in this case, the question naturally presents itself, What structure stood between effort and success?* I answer, *The untorn portion of the capsular ligament.* In support of this view, let us consider for a moment the position of the limb at the instant of the escape of the head from the socket during the process of dislocation. To do this, we must bear in mind that force applied to the knee or foot while the limb is in a state of adduction, constitutes the most frequent cause of this dislocation. Force thus applied adducts the limb still more powerfully before dislocation takes place, and at the moment of the escape of the head of the bone from the socket, the limb is in a direction which crosses the thigh of the opposite side. Immediately that the head of the bone has cleared the edge of the acetabulum, it settles into its position upon the dorsum of the ilium, and the limb assumes the position and direction indicative of the accident. During the dislodgement of the bone, the superior and posterior portion of the capsular ligament is ruptured, through which the head protrudes; while from the position of the limb at the instant of protrusion, the anterior and inferior portion is very much relaxed, thus allowing the head to rise easily over the acetabulum. As soon as the head settles into its position upon the dorsum of the ilium, the direction of the limb is changed, and the untorn portion of the ligament becomes more tense, and for this reason the head of the bone can not be readily returned to its place till the limb is again placed in a position

* Dr. REID would answer, *passive muscular fibres.*

to relax it. Dr. REID's method does this most effectually; and I conceive that any other plan which does not accomplish this, as for instance extension and counter-extension by the pully, or JARVIS's apparatus, in the usual direction, succeeds only by lacerating much more extensively, if not by actually tearing the ligament completely asunder, before the head of the bone will ride over the edge of the cavity.

The principle, then, I would seek to establish, is this—*That in luxations of the hip and shoulder the untorn portion of the capsular ligament, by binding down the head of the dislocated bone, prevents its ready return over the edge of the cavity to its place in the socket; and that this return can be easily effected by putting the limb in such a position as will effectually approximate the two points of attachment of that portion of the ligament which remains untorn.*

This principle can be successfully applied to the reduction of the backward luxation of the femur into the ischiatic notch, and also to the several luxations of the shoulder. It has several times been my guide in the reduction of the downward dislocation of the humerus into the axilla. The patient is seated upon the floor; an assistant slowly raises the arm to an angle of forty-five degrees to the plane upon which the patient is sitting; and now while the assistant makes extension in this direction, the surgeon makes pressure with the hand upon the top of the shoulder, the bone readily returns to its place, and the arm is dropped to the side and secured in a sling.

WHITE's method of reducing this luxation, which is figured in "Druitt," is essentially the same, the only difference being in the position of the patient. According to his plan, the patient lies upon his back, the scapula is fixed by a counter-extending band applied to the top of the shoulder, or by the hand of an assistant, while "the arm is raised from the side, and drawn straight up by the head, till the bone is thus elevated into the socket." In either method it will be seen that the upper and untorn portion of the capsular ligament, by the elevation of the arm, is very much relaxed, thus giving a latitude of motion to the head which greatly facilitates its return, and which could not be obtained by any manipulation in which this relaxation was less perfect. Nine-tenths of the force spent in extension and counter-extension may be spared, in the reduction of all those dislocations in which, by alteration of the position of the limb, such relaxation is effected; and in the several luxations above specified, this end is undoubtedly attainable.

Further thought and experiment upon this subject have convinced me that dislocations of the hip joint *can not occur*, except in certain positions, and these are positions of *very great distortion*. In support of this view, I would

call attention to the great security against this accident provided by nature in the anatomy of the joint. The great depth of the acetabulum, surrounding on all sides the head of the femur, renders its escape nearly, if not absolutely, a physical impossibility, so long as the legs are parallel to each other, and on a line with the body. Fracture of some of the bony structures of the joint would be the result of great violence, in this position of the limbs, but dislocation without fracture, I apprehend, never. Before dislocation can take place, the limb must be so distorted that the walls of the acetabulum will afford no longer protection against the escape of the head of the femur, the dislocating force throwing the head, in this changed direction, against some portion of the capsule of the joint, which gives way before it, permitting the rupture of the round ligament, and the escape of the bone. It is evident that while the changed direction of the limb throws the head wholly against some portion of the capsule, the opposite side of this capsule must be relaxed, and by its relaxation facilitate the riding of the head over the edge of the cotyloid cavity. Taking, for example, the upward and backward form of luxation, in my experiments, I have found it impossible, by my own strength, to produce luxation, even when the direction of the limb was changed to that which distinguishes this form of the accident *after* it has occurred, although the upper and posterior portion of the capsule, and the round ligament, were divided.

In the course of my instruction during the last winter, I introduced the following experiment: A fresh, whole, and muscular subject was selected, and a circular incision was made around the middle of the thigh and down to the bone; another, from the tuberosity of the ischium, around the inner aspect of the thigh, and over the dorsum of the ilium to the point of commencement, and all

the tissues were cleanly removed from the bone and capsule of the joint. The upper and posterior half of the capsule was then cut away, leaving the anterior and inferior half whole, and the round ligament was divided. In this state it will be seen that *all tissues* were entirely out of the way (and could neither afford protection against dislocation, or impediment to reduction), except the anterior and inferior half of the capsular ligament. I now placed the limb in the position which characterizes the dislocation upon the dorsum, viz., the knee in advance of the other, and the foot inverted; and the pelvis being fixed, I attempted to produce dislocation, but failed to do so; and I believe that no force, however great, applied to the knee, would be sufficient to accomplish the escape of the head of the bone without fracture of the acetabular walls, so long as the limb remains in this direction; for in this position, the head presses *perpendicularly* against the superior and posterior portions of the acetabular walls. But on carrying the limb to a position in which the thigh crossed that of the opposite side, at a point just above its middle, slight pressure was sufficient to dislocate the bone; for the acetabular walls, in this position, presented to the head of the bone an inclined plane, while, from the same reason of position, the undivided portion of the capsule was relaxed, thus permitting the head to slide easily up this inclined plane and ride over the acetabular edge. At the moment, however, during which the head rested upon the edge of the cavity, this undivided portion of the capsule became tense, relaxed again as the head settled down upon the outside of the cavity, and upon dropping the limb down to the position which characterizes this dislocation, it became again tense. Efforts at reduction by extension and counter-extension in this direction were now made, but were unsuccessful, for this tense, undivided portion of the capsule

bound down the head so that it could not ride back over the edge of the acetabulum; but, on carrying the limb across the other, to the position in which it was at the moment of escape, the reduction was easily accomplished.

Upon the limb of the opposite side, the experiment detailed in my former article was repeated, and with the same result.

The following case illustrates also the practical bearing of the principle under consideration: In February of the present year (1855) I was called into the interior of the State to reduce a dislocation of the hip of four days' standing, which had resisted the efforts of two very efficient professional gentlemen. They had extended with JARVIS's adjuster, and practiced REID's manipulations, but without success. REID's method, they informed me, only altered the form of luxation, carrying the head downward and forward upon the obturator ligament. The luxation had been primarily upon the dorsum, but upon examination I found the head of the bone in the ischiatic notch. I placed the patient upon his back, and attempted reduction after REID's plan, but with the same result that had attended the efforts of the gentlemen in attendance. By inverting the foot, I slipped the head back to its position in the notch, and repeated my efforts, but with like results. I thus four times essayed reduction, but succeeded only in making the head travel from one position to the other. I adopted this plan with confidence, from the fact that the luxation had originally been upon the dorsum, but failing to replace the bone, I applied JARVIS's adjuster, and made extension after the usual method, and carried it to the extent of bending the extending bar to the form of a very considerable curve, but was not able to reduce the luxation. Opposed, as I was before, to violence, I removed the instrument, and straightening the

extending bar, resolved to adopt BLUNDELL'S obstetric motto, *arte non vi*. After some deliberation, I armed the adjuster with the shoulder fork, flexed the thigh at right angles with the body, and adducted it; and applying the shoulder fork to the pubis and ilium, and attaching the extending bar to the knee, a few turns of the instrument elevated the head into the socket.

Although Doct. REID attributes to the muscles all the difficulties of reduction, he is explicit upon the fact that it is not muscular *activity* which opposes our efforts, and points triumphantly to the ease with which muscular contraction is overcome in fractures of the neck and shaft of the femur. He conceives that the muscular tissues immediately surrounding the joint, are the means of binding down the head of the bone in its new position, thus preventing reduction. He says:

"The true condition of the muscles is this: the six rotator, adductor, and abductor muscles, viz.: the obturator externus, anteriorly; the pyriformis, obturator internus, gemelli, and quadratus, posteriorly; are all in a state of extreme tension, while the other eleven muscles, larger and smaller, are shortened, and, in one sense, contracted, but in another, and in fact, they are relaxed—that is, in a recent dislocation. Now it is evident, on the slightest inspection, that the six muscles that are put upon the stretch, being in antagonism to each other—that is, the short, strong obturator externus anteriorly, being opposed by the other five posteriorly—and all acting at nearly right angles to the axis of the femur, must hug, with great power, the head of the bone upon the dorsum, and by the same force, oppose its ascent over the brim of the acetabulum, in any direct attempt to replace it by traction towards its socket. These six muscles, then, so violently stretched, constitute the real and only impediments to the reduction by the usual mode, and not the shortened and contracted triceps and glutei, as has always been believed and taught by all authors and professors of surgery."

So forcibly impressed is Dr. W. with the idea that "*these six muscles constitute the real and only impediment*," that even in an experiment of his own, which he details in his paper, he fails to see the fact which he

actually relates, that there is *another* structure which forms an impediment. His experiment was upon a subject considerably advanced in decomposition, and in the course of its relation he holds the following language:

“After carefully noting the relative position of bone and muscles, we made traction on the femur downward and inward over the sound limb, as we are directed by most authors; but the moment the attempt was made, the muscles already named as being in a state of tension became more tense, although all the muscles about the joint were separated from each other—were loose, without vitality, and almost in a state of decomposition, yet it was with great difficulty that we could bring down the head into its socket; and when we did so, we carried away a part of the capsular ligament.”

It seems hardly probable that muscles “almost in a state of decomposition,” could form the “real and *only* impediment,” particularly, when in accomplishing reduction, he “*carried away a part of the capsular ligament.*” In this connection, I quote from my first article:

Extension and counter-extension by the pully, or JARVIS’S apparatus, in the usual direction, succeeds, only by lacerating much more extensively, if not actually tearing the ligament completely asunder, before the head of the bone will ride over the edge of the cavity.

Dr. MARKOE, who adopts Dr. REID’S views relative to the nature of the impediment, seems to have had a similar illustration in one of his experiments, and, like Dr. R., fails to see that the untorn portion of the capsular ligament forms an “impediment.” His experiment is as follows:

“I removed all the muscles, leaving the capsular ligament only, and then endeavored to dislocate the head of the bone. I first tried adduction, and carried the limb so forcibly over the abdomen that the knee touched the anterior surface of the thorax, but without producing luxation. In making more violent efforts in the same direction, the cervix fractured, or rather cracked across within the capsule, and soon after the ligament itself tore across at its superior and posterior part, just opposite the point of yielding of the cervix. The laceration was directly across the ligament, and occupied about one-half of its circumference.

As soon as this took place the dislocation was easily effected. The neck of the femur and the trochanteric portion of it were now seen to be kept in their place by the untorn portion of the capsular ligament, which acted as a sort of fulcrum, upon which, by using the limb as the long arm, we could make the head, as the short arm, move about in any direction upon the surface of the dorsum of the ilium."

Does the untorn portion of the capsular ligament form an impediment? My own views are, that it constitutes the *chief*, if not the *only* opposition to our efforts at reduction. If it is urged that, in this view, I am exclusive and ultra, I ask only that before such judgment is passed, the experiment of removing all the tissues about the joint, in the manner detailed above, may be made.

Thus much was published in the *Peninsular Journal*; I now would add—

That the practical rule to be drawn from the doctrines here laid down, is one which will apply to all dislocations; but in those of the shoulder, and particularly those of the hip, it is of almost imperative importance. It is this: For the easy reduction of a dislocation, *the dislocated limb should be placed in exactly that position which characterized it at the moment of the escape of the joint end from its normal position in the joint.* For instance, in the upward and backward dislocation of the head of the femur upon the dorsum of the ilium—which almost invariably occurs from force applied either to the foot or knee when the limb is in an adducted position, whereby it is more powerfully adducted and carried across its fellow, until the head forced up the inclined plane which is presented to it by the upperward and backward portion of the acetabular walls, and against the now tense upperward and backward portion of the capsular ligament, rupturing that ligament, and escaping from the acetabulum, while the limb is in this greatly distorted position,—the indication is to carry the limb across its fellow until it attains the position in which it was at the moment

of escape; the pelvis being now firmly held by an assistant, the limb, with a decided rotation inward, is easily lifted into its place.

This internal rotation, at the moment of lifting the limb into its place, is of great importance, and is illustrated by a more recent experiment than those previously detailed. This experiment also shows that though the untorn portion of the ligament constitutes, perhaps, the most important, it is not (as I formerly supposed), the *only* obstacle which we have to overcome in reducing this dislocation. The dense outer portion of the fascia lata, in this distorted position of the limb, is put also greatly upon the stretch, thereby pressing firmly down upon the trochanter major, and causing the head of the bone to hook closely against the acetabular walls. Internal rotation, by depressing the trochanter, relieves this pressure, and thus eludes the last opposing agent to our efforts at reduction.

The first experiment illustrating this fact was made in the dissecting rooms of the University during the winter of 1857-8, by a young gentleman who was then a candidate for graduation, and is now Dr. WILLIAM BOVIE. The experiment, which was original with him, does credit to his investigating ability and disposition, and was as follows: A dissection was made, removing the integument and superficial fascia, preserving, however, as far as possible, the fascia lata and all the muscles about the hip. The capsular ligament was completely removed, and the round ligament was divided. A dislocation was now easily effected by carrying the limb across the other, and pushing against the knee. A far less degree of distortion, however, characterized the mal-position of the joint than when the anterior and inferior portion of the ligament is left attached to the bones. Extreme efforts, by extension and counter-extension, in the old way, failed to effect reduction; but both REID's method, and that practiced by my-

self, readily replaced the dislocated bone. Observation during the several steps of both methods of procedure, detected the fact above stated, that the pressure of the outer portion of the fascia lata upon the trochanter major, by forcing the head of the femur down, and causing it to hook against the acetabular walls, prevented reduction. Internal rotation completely relieved this pressure, and eluded this opposing agent.

During the past winter, my prosector, Dr. WILLIAM LEWITT, made the following dissections for me, to use in my class experiments: The dissection used in former experiments—viz. removing all the tissues about the joint, and also the upper and outer portion of the capsular ligament, and severing the round ligament—was made upon one side; upon the other, an incision was carried through the integument and superficial fascia along the inferior border of the gluteus maximus, and an inter-muscular passage to the joint was effected, through which all the capsular ligament was cut away, and the round ligament severed. The wound was then closed with a continued suture. Here, as in Dr. BOVIE's experiments, there was no capsular or round ligament upon one side, all other tissues remaining intact; while, upon the other, all tissues, except the anterior and inferior portion of that ligament, were removed. Owing to a mal-formation of the joint in the subject upon which this dissection was made, our experiments were not usually satisfactory, yet they were confirmatory of the doctrines which are above expressed. Dislocation could not be effected upon either side, without very marked adduction, though, owing to the peculiar mal-formation of the joint, less than the usual amount of distortion was required to produce dislocation; and also in effecting reduction, it was not necessary to carry the limb across its fellow at so high a point as usual. It was necessary, however, in order to effect

the reduction with facility, to *place the limb in the same position which it occupied at the moment of the escape of the head of the bone from the socket*, thus confirming the general principle above laid down.

Both limbs were also luxated, and an attempt made to place them parallel to one another, on a line with the trunk. The limb upon which the capsular ligament was dissected, was easily placed on a line with the body, owing to the yielding of the muscular tissue; the other, upon which only the anterior and inferior portion of the capsular ligament remained, was brought to a line with the trunk only by tearing the ligament completely asunder.

From these experiments we learn, That if all other tissues are removed, the undissected portion of the capsular ligament will cause the limb, in the luxation upon the dorsum ilii, to assume the direction and position so characteristic of that accident; that if now an attempt be made to place the limb parallel with its fellow, on a line with the trunk, that attempt will be unsuccessful until complete rupture of the remaining untorn portion of the ligament takes place; that an attempt to reduce by the old method of extension and counter-extension will prove ineffectual without the exercise of a terrible power, and the complete laceration of the capsular ligament; that by placing the limb *in the position which it occupied at the instant of escape*, reduction is readily effected.

We learn further, that if the ligaments be cut away, leaving all other tissues, and the head of the bone be dislocated upon the dorsum ilii, and reduction be attempted by either REID's method or my own, that the outer portion of the fascia lata will, by its pressure on the trochanter major, prevent success until, by internal rotation, that difficulty is avoided. Hence, we establish the following general rule:

In *all* dislocations, place the limb in just *the position*

which characterized it at the moment of escape, and the reduction will then be easily effected.

We further lay down the following special rules:

In the luxation upon the dorsum ilii, the patient lying on his back, carry the limb across its fellow at a point corresponding with the union of the middle with the upper third, rotate inwards, and the pelvis being fixed by an assistant, the head may now be readily be drawn into its place.

In the dislocation into the obturator foramen, when extension is being made in the usual way at the upper part of the thigh, the limb should be *abducted* instead of *adducted*, as universally directed; *abduction* conforms to the general rule laid down above, and relaxes the upper and untorn portion of the ligament.

In the forward dislocation upon the pubis, while extension and counter-extension are being made in the usual manner, the limb should be rotated externally; this relaxes the posterior and untorn portion of the ligament.

In the backward luxation into the sciatic notch, the limb should be carried across the opposite groin, and rotated internally, previous to any extension being made.

In the luxation of the humeral head into the axilla, the arm should be drawn upward by the side of the head, as directed in my first article.

In the forward dislocation upon the thorax, the arm should be rotated externally before extension is attempted.

In the luxation backwards upon the dorsum scapulæ, the arm should be rotated internally before extension is commenced.

87 SHELBY ST., June 10th, 1859.

ART. XV.—*Peculiar Death of Fœtus in Utero.*

BY A. O. POTTER, M. D.

OCTOBER 19th, 1858, I was called to visit Mrs. M. in her third confinement. When I arrived at the house, the child was born. I found a retained placenta, which was readily delivered with a good contraction of the uterus. The child was dead, and, upon examination, the following appearances were presented.

The connections between the bones of the cranium by the different sutures were wholly destroyed; the brain was softened and only needed an incision through the integument for the whole contents of the cranium to be discharged; in fact, the whole head above the neck was in a state of perfect decomposition, while below the neck the body presented a healthy appearance. There were no signs or marks of a putrifactive process having been commenced in either the hands or feet; no marks of a change having been set up at the finger or toe nails, as might have been expected from the appearance of the head and face.

I was a little surprised at this at first, and unable to account for it, but when told the *cord was wound four times around the neck of the child*, it was easily accounted for. The traction upon the umbilical cord had cut off the foetal circulation in the brain by the pressure upon the jugular veins and *carotid* arteries; thus actually killing the head, and leaving it to soften and decay; while the circulation in the placenta, umbilical cord, body and limbs of the fœtus was kept up, and carried on for some time, in nearly or quite a normal state.

That the circulation in the cord and body of the fœtus should be carried on while there was pressure and traction sufficient upon the cord to cut off the circulation to and in the brain, has been a fact of no little interest to me,

and this is my only reason for reporting the case to the *Journal*.

The child was one of nearly or quite full term, and no cause of its death can be given except the pressure and traction of the cord about its neck, as given above.

MANTORVILLE, Minn. April 28th.

ART. XVII. — Meteorological Register for Month of May, 1859.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date.	Barometer.			Thermom't r			Hygrometer			Force of Vapor in Inches			Relative Humidity			Winds — Direction and Force.			Fall of Rain.	
	7 A.M.	2 P.M.	9 P.M.	7	2	9	7	2	9	7 A.M.	2 P.M.	9 P.M.	7	2	9	7 A.M.	2 P.M.	9 P.M.	BEGAN.	ENDED.
1	29.10	29.12	29.10	55.68	44.44	48.37	144	243	129	.33	.56	.44	.33	.56	.44	S.E.	2	E.	2	2
2	29.18	29.20	29.20	55.69	46.42	51.36	.097	.136	.082	.22	.19	.26	.22	.19	.26	S.E.	1	E.	2	1
3	29.22	29.25	29.28	56.68	63.37	47.51	...	.046	.216	...	.06	.37	...	.06	.37	E.	2	S.E.	2	2
4	29.30	29.32	29.32	55.78	68.50	62.50	.295	.342	.123	.18	.35	.18	.18	.35	.18	S.E.	2	S.E.	2	2
5	29.35	29.35	29.34	72.88	74.51	64.57	.097	.275	.240	.22	.18	.28	.22	.18	.28	S.E.	2	S.E.	2	2
6	29.35	29.35	29.35	72.88	74.54	63.52	.179	.242	.097	.22	.18	.11	.22	.18	.11	S.W.	2	S.E.	1	1
7	29.34	29.32	29.30	71.90	74.56	71.58	.250	.502	.270	.35	.35	.32	.35	.35	.32	W.	2	W.	2	2
8	29.34	29.04	28.75	72.87	70.58	74.60	.296	.664	.385	.37	.51	.52	.37	.51	.52	W.	2	W.	4.50 p.m.	
9	28.80	28.88	28.90	74.74	40.42	56.34	...	.210	.118	...	.25	.47	...	.25	.47	N.W.	1	W.	3.30 p.m.	.30
10	28.98	29.00	29.05	50.57	42.38	47.37	.072	.191	.155	.19	.49	.57	.19	.49	.57	N.E.	2	S.W.	2	2
11	29.00	29.04	29.08	45.76	57.39	54.50	.160	.126	.268	.55	.14	.57	.55	.14	.57	N.	2	S.W.	2	2
12	29.10	29.15	29.18	52.83	71.47	74.57	.160	.718	.280	.53	.63	.36	.53	.63	.36	N.	2	W.	2	1
13	29.20	29.25	29.25	64.74	65.55	62.56	.314	.396	.330	.52	.47	.53	.52	.47	.53	S.W.	2	S.W.	2	2
14	29.28	29.24	29.20	65.62	52.47	54.47	.086	.312	.257	.13	.56	.66	.13	.56	.66	S.W.	2	S.W.	2	2
15	29.15	29.10	29.00	55.75	58.51	60.45	.321	.318	.129	.74	.36	.26	.74	.36	.26	S.	2	S.W.	1	1
16	28.95	28.88	28.85	64.68	52.50	54.46	.176	.232	.232	.29	.34	.59	.29	.34	.59	N.W.	1	S.W.	11.20 a.m.	.20
17	28.90	29.00	29.04	58.68	56.54	56.48	.365	.290	.230	.75	.42	.51	.75	.42	.51	S.E.	2	S.E.	6 p.m.	.47
18	29.06	29.05	29.00	56.84	55.51	74.47	.308	.704	.217	.68	.60	.50	.68	.60	.50	W.	2	W.	10.45 p.m.	
19	29.08	29.15	29.18	64.65	48.46	58.42	.074	.389	.189	.12	.63	.56	.12	.63	.56	S.W.	2	W.	3 p.m.	.11
20	29.25	28.95	28.82	52.69	47.44	58.40	.183	.336	.156	.47	.47	.48	.47	.47	.48	S.W.	2	W.	5.10 a.m.	
21	28.70	28.75	28.75	50.78	53.46	64.47	.258	.409	.244	.71	.42	.60	.71	.42	.60	W.	2	S.W.		
22	28.78	28.95	28.95	64.74	63.50	54.55	.176	.152	.327	.29	.18	.56	.29	.18	.56	S.W.	2	S.W.	7 p.m.	.04
23	28.94	28.87	28.78	55.68	60.47	59.48	.217	.380	.177	.50	.55	.34	.50	.55	.34	W.	2	S.W.	6.27 p.m.	.20
24	28.52	28.45	28.98	54.78	61.50	60.52	.308	.278	.269	.73	.29	.50	.73	.29	.50	W.	2	W.	3.19 p.m.	.08
25	29.05	29.00	29.04	62.86	70.57	67.62	.399	.407	.449	.71	.32	.61	.71	.32	.61	S.E.	3	S.W.	9.45 p.m.	
26	29.10	29.02	28.94	72.70	55.54	58.47	.179	.323	.217	.22	.44	.50	.22	.44	.50	S.W.	1	S.W.	6.27 p.m.	.20
27	28.80	28.64	28.78	58.60	48.47	52.44	.178	.282	.236	.37	.54	.70	.37	.54	.70	S.W.	4	E.	7.15 p.m.	
28	29.00	29.04	29.05	52.65	50.50	58.46	.334	.389	.258	.86	.63	.71	.86	.63	.71	W.	2	W.	3.19 p.m.	.08
29	29.10	29.05	29.00	55.78	65.50	67.60	.282	.514	.451	.62	.53	.73	.62	.53	.73	W.	2	W.	6.15 p.m.	.22
30	28.97	28.94	28.90	64.72	64.57	64.58	.373	.489	.403	.62	.62	.67	.62	.62	.67	S.W.	1	S.W.	9.15 p.m.	.06
31	23.85	28.80	28.80	65.68	57.51	58.50	.189	.350	.268	.30	.51	.57	.30	.51	.57	S.W.	2	S.W.	6.20 p.m.	

Bibliographical Record.

A PRACTICAL TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By T. H. TANNER, M. D., F. L. S., Licentiate of the Royal College of Physicians; Late Physician to the Hospital for Women, etc., etc. Philadelphia: Lindsay & Blakiston. 1859.

WE don't like the book. We have no love for the class to which it belongs; and this is an example *par excellence* of its class. The day has past when superficial books are demanded, or appreciated with favor. A statement of the most prominent facts of a subject, even though it should be clear and concise, no longer makes up an acceptable book in any department of science; and the "Practical Treatise" of Dr. TANNER is nothing more. So far as the *list* of diseases of which it treats is concerned, it is very full and complete; but the reader can judge of the value of the "Treatise" when he is aware that the whole subject of Dentition, including "disorders" of "first and second dentition" is disposed of in eight and a half duodecimo pages! Diseases of the eye are arranged in eight sections, as follows: 1. Diseases of Eyelids; 2. Do. of Conjunctivæ; 3. Do. of Sclerotic and Cornea; 4. Do. of Iris; 5. Congenital Cataract; 6. Amaurosis; 7. Encephaloid Fungus of the Eyeball; 8. Strabismus. This little job is dispatched in 20 pages! "Very mild alterative courses of mercury, especially of the bichloride," are recommended in encephaloid fungus!

This is the second production of its kind which Dr.

TANNER has furnished us (the first being a "Manual of the Practice of Medicine"); and we repeat, that we don't like the style of the effort. We utterly abhor all such diluted abominations in medical literature. They are of good use to no one: they are of absolute injury to the student; and a properly educated practitioner has no use for them. Let authors cultivate less ground, and till it better; so shall our harvests be more abundant, and the quality of the product greatly improved.

Who the American sponsor for the little candidate for favor is, we are not informed. We are thankful for this at least,—It gives us some hope for the future, to see that the ambitious editors of the host of exotics which Philadelphia produces, are beginning to show a better care as to the character of the work on which they parade their fair names. Let this care increase, until none but truly meritorious books are re-produced in this country.

G.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY. By J. M. CARNOCHAN, M. D., Prof. etc. With Illustrations drawn from Nature. Part. II. Lindsay & Blakiston, 1858.

WE had begun to apprehend that the somewhat severe criticisms which some of the brethren bestowed upon the first number of the above named enterprize had dampened the ardor which characterized its inception. The criticisms referred to were natural enough, yet the title of the work is modest, and the cases are interesting; and though the "get up" of the book is, perhaps, pretentious, we freely confess that we had much rather see it in its present form than in one less elegant, even though it would then escape the kind of criticism which it has received. If Prof. CARNOCHAN, or Prof. or Dr. ANYBODYELSE, desires to lay his novel, important, or interesting experience before the Pro-

fession and the "rest of mankind," and chooses to do so in an attractive form, is certainly his privilege to do so; and, for one, we admire the disposition and taste evinced. If Mr. EDITOR GROWLER, or Mr. REVIEWER CYNIC, curl the lip and shed a little concentrated wit, or even bitterness, from their quill, steel, gold, or lead points, why that is their privilege; and Author, Reviewer, and the World are alike unharmed—perhaps all are improved thereby. All such things go to make up the sum total of affairs human.

The present number contains the following cases:

1. Case of Exsection of the entire Ulna.
2. Remarks on Neuralgia of the Face; with a case.
3. Exsection of the Trunk of the Second Branch of the Fifth Pair of Nerves, beyond the Ganglion of Meckel, for severe Neuralgia of the Face; with three cases.

The neuralgic cases are of great interest; and whatever difference of opinion may be entertained as to the expediency of such extreme measures as those practiced by Prof. CARNOCHAN, all will read them with avidity, and not without profit.

As a surgeon, we are glad that the author is giving us his experience in just the manner which he has chosen,

G.

Editorial Department.

Medical Education in Chicago.

The leader in the editorial department of the *Chicago Journal* for June, is devoted to a review of the "First Annual Announcement of the Medical Department of the Lind University, at Chicago, Ill., 1859-60."

As was easily foreseen, the establishment of a second college in Chicago does not exert a *harmonizing* influence; and whether it shall really tend to accomplish anything in the elevation of the standard of education, is yet to be seen. The *Journal* reviews, very ably, the proposed innovations, and shows very conclusively that the projectors of the Medical Department of Lind University have not, in their present plan, *advanced* in the educational cause. We do not endorse all that the *Journal* advances; for he assails some principles which we advocate, and which the New School in Chicago fails to fully carry out.

We should not have noticed, however, at the present time, the Chicago struggle for students, but for the fact that the organ of the Rush Medical College takes some pains to strike at the University of Michigan, while it deals a blow at its immediate rival. Nor would we even then have answered the insinuation, had it been a candid allusion to a *fact*; but such is not the case. The *Journal* says:

By carefully noting this plan, it will be seen that it differs from that pursued in all the Colleges in the United States (except that at Ann

Arbor, Mich.), in that it proposes to make a full course of lectures compose 430 lectures, delivered in twenty weeks, instead of 576 lectures, delivered in sixteen weeks, as is the present practice."

Perhaps the editor of the organ of the Rush Medical College did not mean as much as the above exception would indicate; for he must have known that the University of Michigan never held a less than six months' course of four lectures per diem; and that the six working days of each week were fully consumed, making a weekly aggregate of twenty-four lectures. The lecture term is twenty-six weeks long: deduct one week for the examinations, and we have twenty-five weeks of actual lecturing, which, multiplied by the weekly aggregate, twenty-four, makes the sum of six hundred lectures. The distinctive features of the University of Michigan are, increased length of lecture term and a diminished daily number of lectures, enhanced requirements for the Doctor's Degree, and FREE education. This is the *policy of the State of Michigan*, established by her Legislature as early as 1836, and required by the organic law of the University.

This policy we have no disposition to obtrude upon any other educational institution. It works well—excellently well—with us in Michigan; but it is for the people of the other States to determine whether it shall be their policy or not. As an educator, we have no disposition to seek to establish any general rule or law for other colleges, as to length of term, or daily number of lectures. We sincerely wish, however, that all colleges could unite upon one or two other points of reform, viz., enhanced preliminary requirements, and hospital instruction. We believe that these two are the chief points to be considered in the proposed reform. Likening medical education to an architectural column, the first represents the base, the last the capital. The shaft is represented by the present lecture system, and, we believe, combines already the solidity of

the Tuscan, and the rich ornaments of the Corinthian orders. Considered as a whole, in this country, the base is too often defective, and capital only supplied by years of private practice. G.

Catawba Brandy as a Medicinal Agent.

The writer, in a paper read before the American Pharmaceutical Association, at its Seventh Annual Meeting in September, 1858, endeavored to show that the product of brandy in the Ohio valley might be made, by proper means, a perfect substitute—for all purposes whatever—for that of French manufacture.

We presume it is admitted by all that the only important medicinal principle in any brandy is its alcohol, and that the differences in its market value are owing to equal differences in quality of flavor and odor. In saying the above, we refer only to brandy made from wine, and not to an artificially made article.

With this preface, we desire to call attention to some remarks of JOHN ZIMMERMAN, of Cincinnati, Ohio, which are taken from the *Journal of the Maryland College of Pharmacy*. This gentleman having been, to use his own words, “practically and theoretically” connected with the American wine-growing establishment of NICHOLAS LONGWORTH and C. ZIMMERMAN, of Cincinnati, for several years, any report from him upon the subject is entitled to credit and respect. He states:

In 1851, LONGWORTH and ZIMMERMAN proposed to buy, from wine-growers, grapes instead of juice, in order to prevent any possible adulteration. By this operation two things were gained,—first, the pumice of the grape, frequently called the skins or marc of the grape; and secondly, the lees or sediment—the latter being a separated part of the juice, which is produced during the fermentation. These two things forming the most necessary materials for the manufacture of Catawba brandy, can now be bought cheap from the growers.

The best Catawba brandy will be produced if the juice with the

pumice are distilled after fermentation, — the extractive matter and the alcohol produced standing in a natural proportion to each other. But as the juice possesses a high value for wine, and even in the best years produces not more than from eight to ten per cent. of alcohol, brandy manufactured in this manner would reach a price of ten to fifteen dollars per gallon. In order, however, to do anything in this line of business, so important to our country, cheapness of the article in question was to be aimed at.

A trial was made to distill the pumice and lees with the most inferior wines: but this also did not give the desired result; the raw material not producing that quantity of alcohol which the rich extractive matter required. Another difficulty proved to be an obstacle to this way of fabrication: the pumice and lees burning fast to the inner brim of the still and giving thus to the brandy a fragrant taste: an observation made by Professor WAYNE, of Cincinnati, a member of the American Pharmaceutical Association, and communicated in the proceedings of that society for 1855.

Further trials were made by mixing pumice, lees, and inferior kind of wine in certain manner; to which was added diluted alcohol, in order to gain more alcohol to extract the pumice. This raw material was then distilled by steam in a water-bath, and the result was more satisfactory. However, the brandy was not free of the corn-fusel oil, which remained in consequence of the fabrication of alcohol from whisky. This lessens the value of the brandy, and is easily discovered by the reagent of L. MOLNAR, published in the Proceedings of the American Pharmaceutical Association for 1858, page 67.

In order to produce a price-worthy native grape brandy, and entirely free of corn-fusel oil, a great improvement was made by adding to pumice, lees, and inferior kind of wines, so much sugar and water as to produce, by fermentation, alcohol in proportion to the extractive matter; by which process, the pumice also was extracted. This alcohol is indetical to that contained in the pumice and lees; and distillation repeated four times proved entirely successful.

The specimen of brandy presented on the occasion of the last meeting of the American Pharmaceutical Association, in September, 1858, was manufactured in the above-mentioned way, and two years old.

American grape brandy, if so manufactured, is equal to French grape brandy when of equal manufacture and age, possessing the same grape oil, — a produce of fermentation, which forms by slow chemical process, ceanthic ether, which must be present in old grape brandy, and in which consists the great medical value of this brandy.

Imitations of Catawba brandy are frequently offered for sale, a product of diluted alcohol, essential oil made from the pumice of the Catawba grape, and coloring matter. Such an article can be very easily

discovered by separating the corn-fusel oil from the alcohol by chemical reagents.

The undersigned, therefore, is firmly convinced that American grape brandy, if manufactured as stated and allowed to grow old enough, can fully be substituted in the American Pharmacopœia for the "*Spiritus Vini Gallici*."

We do not believe, as does Mr. ZIMMERMAN, that the "œnanthic ether" of brandy embodies its great medical value, but do believe that the distilled product from Catawba is capable, under a thoroughly carried out system of progressive improvement, of becoming equal, and indeed superior to the best products of foreign climes. The decided and fine boquet of the Catawba grape promises thus much.

We were informed by the Messrs. ZIMMERMAN that for Pharmaceutical purposes Catawba brandy can be furnished of any required proof (*i. e.* alcoholic strength), and without color. This fact renders this form especially applicable in the substitution of alcohol by it in the nicer class of preparations, in which its superiority of flavor and odor, over that of ordinary alcohol, is desirable. F. S.

EDITORIAL CORRESPONDENCE.

LONDON, May 26th, 1859.

Dear Readers of the *Peninsular and Independent*:

A month has now elapsed since my arrival in London, and within that time I have been so constantly receiving impressions from without, that I have had very little time for reflection; and, excepting the rude jottings in my journal, and a few letters to friends, have written nothing. Every day there are some new objects to be seen—some new Institution to visit—some new man to be heard—some new set of patients to be observed; and these labors, together with the following up of the medical men and cases I most wish to hear and study, bring me to my lodgings, at night, weary and exhausted, almost absolutely incapable of anything like vigorous and consecutive

thought — and this state of mind becoming now, to a certain extent a habit, makes the task of writing this letter for you, appear formidable, and causes me to despair of its being well performed. Indeed, I almost regret that I have given any intimation that I would write for the *Journal* until after returning home, and getting into my accustomed writing-chair, with my usual surroundings, and then I might hope that the impressions now, being daily received would take some form of order — might be crystallized upon some thread of thought, and not, as they are now likely to be, hastily and irregularly scattered before you in amorphous fragments.

It would be in vain for me to attempt, in a few pages or articles, to give you my full impressions of this great intellectual and commercial centre — this metropolis of the civilized world; and as I am writing to medical men, I shall attempt to give you impressions of nothing more than medical matters, and of such other things as have some relation to them.

The geographical situation of London, and its general topography, you all know. The names of many of its divisions, squares, streets, public buildings, and even courts and lanes, you are familiar with, as there are so frequent allusions to them in the rich literature which we enjoy, are proud of, and, in its older portions, in every sense share in common with Englishmen.

The extent of field here for medical observation may be better understood by a few statements. When one first looks about him in London, its busy bustle and its dingy aspect arrests, most forcibly, his attention. All he meets are intent upon their own business, — not indeed, dashing on with such speed as is often witnessed in New York, or used to be observed in Chicago; but actively, perseveringly, unanimously, pushing on, as though some Malakoff of commerce or manufacture was to be deliberately stormed; and he is at once convinced that the assailants are to be successful. Whatever may be the fate of individuals in this rush — whoever may be trodden down and crushed out of existence, — he sees that general success is inevitable. The moment he looks up from the human tide that is mingling and flowing past him, the sombre walls seem to gather around, and frown down upon him, as though he was an intruder. The air is dark and thick and

heavy. Is there a seige? has there been a battle? are the walls blackened with gunpowder, or only with coal smoke? Is he a prisoner of war? These are questions instinctively and obscurely hinted, if not by his imagination broadly asked. But he soon finds he is at liberty; he can go where he pleases—no hostility is manifested; and if he ventures to ask a question—it matters not of whom—he may be answered in a somewhat hasty, but always in a respectful and kindly tone, and he at once begins to hope he is among friends. He is soon confident they are not enemies; and in the order and regularity which, amidst this apparent confusion, he soon sees prevail, he feels a security which calms all his fears. He may now look about him at his ease. He has a letter to deliver or some business to transact. He calls a “hack” or a “Hansom” (the latter a two wheeled, covered vehicle, the driver posted upon a high seat behind), and rolls away, he knows not whither, but along thronging thoroughfares, and between walls still dingy, yet perhaps less forbidding, than they seemed at first. He may dash by a little “square” filled with trees, shrubs, and flowers, and adorned with statues of some of those great men whom their country is proud to honor—or pass along by a spacious “park,” with its stately trees and silvery pools and and winding paths—but on, on he goes, again plunging between the same dingy walls, and seeing mingle the same busy crowd. And now the most striking feature of London begins to burst upon him—viz., its *vastness*. He begins to inquire is this interminable?—is there no limit? But on he goes; and still he is surrounded by the same walls, and still is rushing on the same crowd. In a single drive, if it be long enough, one may get some impression of London’s greatness; but this impression grows upon him daily as he traverses its many great thoroughfares, sails upon its rivers, crosses its bridges, descends through its Tunnel, penetrates its lanes and alleys, and, in connection with its extent, considers the crowded condition of every locality—the amount of property and business and life, of labor and enjoyment, of crime and suffering, of good and evil, pressed into every cubic perch of the vast area;—I say *cubic* perch, for human life is found from the deepest cellar to the highest garret.

Within the limits of the Metropolis are embraced about

3,000,000 of people, consuming daily over 5,000 sheep, about 1,000 bullocks, and 8,000 salmon, besides all other kinds of flesh and fish. There are daily swallowed 130,000 gallons of malt liquors! and the milk of 14,000 cows. Fifty millions of gallons of water daily flow through its pipes. A fleet of more than 1,000 sail is employed to bring it coal from the mines upon the island, besides what is brought upon the numerous railroads.

Of this vast population, a much larger proportion are in moderate circumstances than even in our large cities; and more who are able to pay for medical services apply to public institutions for aid, than among us. The number of Hospitals and Infirmarys here is very great, and access is not difficult. From these statements it will readily be seen that the number of patients obtaining treatment in public institutions is vast; and as all these institutions, under one regulation or another, are open to students and medical men seeking information—all the cases being used, if necessary, for purposes of instruction—it will readily be understood that the opportunity of seeing disease here must be commensurate with the vastness of London in other respects. The physicians and surgeons having charge of these institutions are very polite to strangers—certainly to Americans—furnishing them every opportunity for observation they could desire; and yet few remain here for any length of time. As I have not yet witnessed the opportunities for observation in Paris, Vienna, Edinburgh, and elsewhere, where so many more resort for purposes of study, than here, it would be premature to speculate upon the cause of so many giving such a brief portion of their time abroad to this place; but certainly it is not because there is a want of cases of interest, or opportunities to observe them.

I have already visited about twenty hospitals of one sort or another—their number of beds ranging from 100 to 700—some of the Insane Asylums having accommodations for many more; and there are many others I have not seen. Connected with almost every hospital is a department for out-patients, and in these many more cases are prescribed for than of those admitted to beds. These patients come to see particular physicians or surgeons, on certain days in the week, are examined and prescribed for, and cases among them of special interest are selected for operations or other treatment in the wards. From these, as well as

other sources, are obtained constant supplies of cases of interest. The leading hospitals have schools of medicine and surgery connected with them, the physicians and surgeons to the respective hospitals being professors in the schools; such a thing as medical school in London, without a hospital attached for clinical instruction, being unknown.

A few of the London hospitals are endowed, supported by funded property; but most of them are dependent upon voluntary subscriptions from benevolent individuals; and appeals through the press, and from the pulpits are frequently made for contributions in their support. With some of them, donations of a certain amount entitle the donor to send into hospital a patient from time to time; in other cases, the governors of the institution recommend patients; while in other instances, the cases to be admitted are determined by the medical officers. Individuals and governors often delegate their powers to the physicians and surgeons.

Most of the hospitals are general; *i. e.* they admit different classes of cases—various medical and surgical diseases; while others are devoted to specialties—such as diseases of the chest, the eye, the ear, those peculiar to women, children, &c. The Orthopædic Hospital is established for the treatment of deformities of the body alone.

Some of those connected with the hospitals devote themselves to specialities, both in the wards and with the out-patients,—having special days for seeing a particular class of cases; and patients are sent from one to another, according as they are affected with one or another form of disease. In some cases, the clinical teaching is done by those engaged in didactic instruction in the colleges, but in most of the Hospital Schools a large portion of the clinical teaching is done by those having no part in the didactic; and in some instances special professors of clinical medicine are appointed, who give lectures on elementary clinical subjects, as well as upon cases which occur in their wards.

There are two terms of instruction each year in the schools,—a winter term, commencing in October and continuing six months; and a summer term, commencing near the close of the winter term, and terminating in July, continuing about three months. During the winter term, in most schools, are taught, didactically, Anatomy, Physiology, Chemistry, Theory and Practice of Medicine,

and Surgery. During the summer, *Materia Medica*, Midwifery, etc., Medical Jurisprudence, Comparative Anatomy, and Botany; while Clinical Medicine and Clinical Surgery (each by several teachers), and Clinical Midwifery, are continued throughout both terms; Practical Anatomy, in its different branches, being chiefly attended to during the winter (though Morbid Anatomy, as cases occur, is continued through the year), while Practical Chemistry is chiefly attended to during the summer. One special lecture on Clinical Medicine and one on Clinical Surgery is usually given each week throughout both sessions.

Having made these general statements, I perhaps can not do better than to give you an account of some of the Schools and Hospitals—the men and the things connected with them—which I have observed. I shall follow the order in which I happened to see them. I beg to have it fully understood, however, that I do not undertake to give a full account of any of the sixteen schools, or the numerous hospitals, or any men or set of men; I merely attempt to state some of the things I have observed, and such as I may think you will be most interested to know.

I first visited "*University College Hospital*" and Medical School. The chief men connected with this school and college are Dr. WALSHE, Professor of the Theory and Practice of Medicine; Dr. GARROD, of *Materia Medica*; Dr. CARPENTER, of Medical Jurisprudence; Dr. MURPHY, of Obstetrics, &c.; Mr. ERICHSON, of Surgery; Prof. SHARPLY, of Anatomy; Mr. QUAIN, of Clinical Surgery, etc.; WHARTON JONES, Ophthalmic Medicine, etc.; Dr. PARKS, Special Professor of Clinical Medicine; Dr. JENNER, Pathology and Pathological Anatomy; and Mr. HARLEY, of Histology, etc.

You will recognize many names here with which you are very familiar. You have perhaps all read CARPENTER's Physiology, and all ought to have read his essay on Alcohol; many have studied SHARPLY and QUAIN's elaborate anatomical works; the younger men, Mr. ERICHSON's Surgery; while others have read WHARTON JONES's Ophthalmic Medicine; and, if many have not, I hope they will hereafter, study Dr. WALSHE's elaborate work on the Chest.

I have seen all these men at their work, excepting Professor SHARPLY, who is not now on duty; and they are all vigorous and active working men.

Dr. WALSHE is a man rather under fifty, of medium size, with a very finely developed brain, of good quality. I have been particularly interested in his clinical exercises in the Hospital. I have never witnessed more searching, exact, and intelligent examinations of patients, particularly in all cases of disease of the Chest. Nothing could exceed the minute care exercised in physical explorations, and so far as I could judge from witnessing his procedures, and hearing his remarks, with occasional examinations of particular sounds, he is unusually discriminative and precise in his observations, and very just in his conclusions. He is usually followed by from six to ten students, among whom, including his assistants, several are sufficiently advanced to follow him practically in most of his distinctions. He had only about twenty beds in the hospital (which, by the way, is not a large one), and usually not more than half of them were occupied by patients requiring special care, and not unfrequently an hour and a half or more were employed in examining two or three cases. A single case examined in that minute and critical manner, is more valuable to all concerned, than the largest number loosely and superficially inspected, and prescribed for at random. Indeed, such methods of procedure in the presence of students is positively pernicious, encouraging and forming in them the worst of habits.

Dr. WALSHE visits his patients at the hospital three times a week only, leaving them the rest of the time in the care of his assistants. This is the common custom with all the visiting physicians and surgeons in the hospitals of London. This is very well in chronic diseases, but in acute cases the responsibility must be with the assistants. Dr. WALSHE dictates *the most minute and circumstantial report of each of his cases, carefully studied, to a student acting as clinical clerk*, who writes it down verbatim as it is given him. Many of the hospital physicians leave their clinical clerks to make their own report of the cases, which reports are frequently published and made the bases of clinical lectures; few, I should say now, that I have seen here, make such full, careful and reliable clinical reports as Dr. W.

I have seen in all the wards here a considerable proportion of cases of rheumatism—more I think than are seen in our hospitals, or usually in private practice; and a larger proportion than with us, seem to have heart complications. Pericarditis, as indicated by the friction sounds, and in many cases by evidences of effusion,

exists where no pain in the part is experienced by the patient, or scarcely any other rational symptoms indicate its presence. The old fashioned remedies of leeching and blistering are still resorted to, and probably long will be, notwithstanding the new-fangled notions taught by some. General blood-letting is, however, very seldom practiced in any form of rheumatic diseases. Some here say they have less severe heart complications now, than when blood was drawn more freely. The alkaline treatment is principally used in rheumatism—the carbonate of potash being the articles most commonly prescribed. Nitrate of potash is often combined with the carbonate; some adding opium to these. Some, however, discard the alkalies and give the citric acid, and others use colchicum, although this article is generally thought here to have much more effect in gout.

Dr. WALSH has delivered only one set clinical lecture this term, which one I had the pleasure of hearing. It was upon Mediastinal Tumors, and based upon a case which occurred some time before. It was an exceedingly able lecture, philosophical and discriminative—analysing closely all the symptoms, comparing them with such as might have been produced by other pathological conditions, and with which they might have been confounded, &c.; and it was delivered in the clinical lecture room to just *thirteen* students, two of whom were asleep during most of the hour. The places of these sleeping ones were supplied by another American physician and myself, so that there was still an audience of a baker's dozen. I have been astonished, everywhere, to find the classes listening to lectures so small. There is only a dozen attending Dr. JENNER's lectures on Pathological Anatomy; some fifteen or sixteen Mr. ERICHSON's clinical lecture which I heard; and in the large school and hospital of St. Bartholomew, the classical Dr. WEST, in his regular course on Obstetrics, is lecturing to between thirty and forty; and Dr. MURPHY, in the same regular course, at University College, is addressing about half that number. The largest class I have seen assembled for a lecture was at Dr. GARROD's, at University College, and that was between fifty and sixty. The reason of this is to be found in the large number of schools, and the more moderate number of students studying in the Metropolis. The practice of lecturing to so few, gets the professors in the habit of being dull in their manner. As a body, they are very much more prosy than those I have been accustomed to hear in our own country.

Dr. GARROD is an active and industrious man, and is on duty in the hospital. He has fewer students attending in his ward than Dr. WALSH. I think, I have not seen present more than half a dozen; and the average of those attending the physicians in their wards in all the hospitals, is but little over this number. The surgeons are generally better attended—their numbers being from ten to twenty-five, at most, except when there are operations in the amphitheatres.

Dr. GARROD is engaged in a work on *Gout*, which is now passing through the press; and from some proof-sheets which I have seen, and from his statements as to its contents, I have no doubt it will be a production of much value, becoming a standard on the subject. He has long been engaged in investigating the disease, and in making dissections of gouty subjects, dying from whatever cause, and in nearly all such cases, he has found deposits of urate of soda in many of the joints, and likewise in the cones of the kidneys. The subject of the book will be illustrated by plates, showing the appearance of these deposits to the naked eye and under the microscope. I have examined many of the original specimens from which the engravings were taken, and know them to be true to nature. Saw one *post-mortem* of a man who died from an amputation, necessitated by an injury, and who had had several attacks of gout, and there were found such deposits as Dr. G. predicted, both in the cartilages of the joints and in the kidneys.

Dr. GARROD informed me that his full course of lectures on *Materia Medica* consisted of about sixty or less; and as he occupies much of the time in chemical and pharmaceutical details, tests of purity, &c., he can do very little in the way of teaching the therapeutical applications of medicines. He does not attempt much. The same is true with other teachers of this branch in London; and here, as in many other places, the great subject of the character and effects of medicinal agents, the philosophy of their operations and applications in modifying disease, is passed over as of comparatively small consequence, and in some instances almost entirely neglected. If the Science of Medicine is of any use to mankind, it is in reference to the treatment of their diseases; and if therapeutical agents are not to be understood and applied, all our pathological knowledge may indeed be interesting as a matter of science, but is of no use to suffering humanity. If

the powers of many agents to modify disease beneficially are doubted, this is an additional reason for examining thoroughly those powers, and scrutinizing the authority on which their claims rest.

Dr. PARKS, the Special Professor of Clinical Medicine in this school, is one of the most, if not *the* most, animated and agreeable lecturers I have heard in London. I have heard him in two or three elementary and practical prelections on physical examinations in heart disease, and must say that, in matter and manner, they were excellent. I have also seen him engaged with his class in the wards, pointing out to them, and causing them to listen to, the different morbid sounds of the chest, and have been delighted with his method, so far as it goes; and with his zeal, which seems to be active and untiring. Dr. PARKS is a comparatively young man, and his health is not firm, but should it continue as now, he can not fail of being very useful as a teacher, and of attaining to still greater eminence. He has not the extent and minuteness of knowledge, and the grasp of mind of Dr. WALSHE, but he has more than his animation and zeal, and exceeds him in the power of communicating to others what he knows. His labors are being bestowed upon a class of some fifteen, or a few more. I shall remember him with pleasure, and watch his future course with interest, regarding him, as I do, as apparently at least, the most zealous and efficient elementary and practical teacher it has been my lot to fall in with in London.

Dr. MURPHY, as many of you know, has produced an excellent book on Parturition, but his lectures can not be characterized by the same adjective. They are to be sure sufficiently correct and sound, but are delivered in what seemed to me a hesitating and dull manner.

Dr. JENNER is a highly intelligent and industrious man. His labors in proving the essential non-identity of Typhus and Typhoid Fevers, are an honor, not only to himself, but to the Profession. His careful and persevering observations, his rigid analyses and accurate deductions, are entitled to all praise. He is lively and earnest in conversation, but all these qualities do not prevent his being dull in the lecture-room. He has a subject of deep interest (he was dwelling when I have heard him more upon what might be called Histological Pathology), but the lectures being optional with students, he

attracts a class of only a dozen (the number I have seen present); and in this case I do not so much wonder. The students perhaps might as well read the same matter from the books. There is nothing in his manner to impress the subject with force upon their minds.

Some of you may think I attach too much importance to *manner* in lecturing—that the substance of the lectures is the only important thing—every thing else in the process of imparting and receiving knowledge depending on the student. This may be a plausible, but is not a correct view. The question whether medical lectures should be given at all, I do not propose here to enter upon. The general voice of the Profession has pronounced on this subject, and if lectures are useful at all—if they have advantages over reading the same matter in books, it is because of the enforcement given to the matter by the presence and manner of the living teacher—greater interest being given, and a stronger impression is made upon the attention and memory of the student, by the presence and the associations of the teacher—by his infusing, as it were, his own individuality and energy into his words. Manner then becomes important—becomes indeed in the living teacher, of the highest importance; in fact, when it is dull and obscure—when it fails of possessing emphasis and animation, the lecture, as compared with the book, loses not only its charm but its value. Manner then, in a lecturer upon medicine, as in a lawyer, a preacher, or any other speaker or reader, is not only a matter of importance, but a proper subject of intelligence and criticism. My observations here have brought me to the conclusion that the manner of public speaking and reading in London, not only in the medical lecture rooms, but in the pulpit, at the bar, and on the rostrum, is inferior to that in the United States. Here it is comparatively heavy, dull, formal, and indistinct. It very generally wants animation and emphasis; and in the same cases where these exist, there is apt to be an affectation and distortion, which, to me, is much more disagreeable than the dullness. I am sorry I can not write more favorably in this particular; but so it seems to me. There are of course exceptions, doubtless many, but they do not alter the general fact.

I have followed Mr. QUAIN a few times in his surgical

wards. He is a little beyond middle age, but in his prime and vigor, about medium height, with large, well formed head and a countenance denoting high intelligence, discrimination, and energy. He is rather rapid and decisive, yet deliberate in his acts with his patients.

Mr. ERICSON is younger, with a brain less developed in the frontal and higher regions. He is rather dashing than deliberate in his manner with his patients. He had heard nothing of the plan of making permanent extension in fractures, hip-disease, &c., by means of adhesive straps; neither had Mr. LAWRENCE. Both seemed pleased with the idea, and said they would try it.

I have heard Mr. ERICSON deliver one set lecture on Clinical Surgery. It was upon the "Causes of Death after Operations," an inquiry here quite "fit to be made." The subject was presented systematically and well. He is a much more energetic and agreeable lecturer than many others. He had evidently prepared himself with care, using quite extended, though by no means full notes.

Mr. WHARTON JONES is a small, thin, bent man, fifty or more, rather slow and hesitating in his manner of speaking, and in no way remarkably impressive.

You will all, doubtless, be glad to hear something of Dr. CARPENTER. In person, he is slightly above the medium height, erect, and rather spare, with a well-developed head, hair thin upon the crown, nose rather long, and by no means thin or pale, and he appears to be some years less than fifty. As a lecturer, he is clear, direct, and distinct, though not specially felicitous or impressive. He is, however, altogether acceptable.

Though I had no introduction to him, simply mentioning to him my name, locality, and objects, he has been exceedingly polite to me, and I am under many obligations to him for several important favors, among them was his instrumentality in procuring an invitation to attend a *soirée* of the "*Royal Society*," at their spacious and interesting rooms at Burlington-house, where I had an opportunity of seeing a large body of the most learned and distinguished men of England, in literature and science; and a more intellectual and dignified set of men I have certainly never seen, and might add, scarcely expect to see. There were present a very large company, all of whom, on entering, were received by the

President, Sir BENJAMIN BRODIE, their names at the same time being announced. Among many others of note, there were present the Bishops of Winchester, Rypon, Carlisle, London, and Oxford; Sir JAMES ROSS, Sir JAMES CLARK, Professors SHARPLY, FARADAY, and WHEATSTONE; Sir J. FORBES, Sir C. LACOCK, Drs. BRUCE, JONES, WATSON, and FULLER; Mr. FERGUSON, &c. &c. Various objects of scientific interest were exhibited during the evening, among them, our countryman Professor HUGHES's printing telegraph; and an entertainment was served in which much coffee, though but a moderate quantity of wine, was used. The rooms of the Royal Society are quite numerous and spacious, and are ornamented with original portraits and busts of its distinguished members of past times. In one of them is deposited the library, the herbarium and correspondence of LINNÆUS, besides many other objects of interest.

But this is wandering from Dr. CARPENTER. Though he has been successful as a teacher, he is about to resign his position as a Professor of Medical Jurisprudence in the College, having been elected Registrar of the *University of London*—a position which will occupy a considerable portion of his time, yet will afford him opportunities for pursuing his literary labors, which he much desires to do. He says medical teaching is so much divided in London, that in a pecuniary sense it is not worth one's time. Others are of the same opinion; and Mr. PAGET, the physiologist and pathologist, has resigned his professorship of Physiology in the largest medical school in London—St. Bartholomew—because he has too much practice to make it an object for him to retain it.

The University of London, of which Dr. CARPENTER is the efficient officer—and the only one who devotes any considerable portion of his time to it—is comparatively recent in its origin, and at present so unique in its character, and, withal, so important in its relations to general and professional education, that a brief account of it may not be without interest.

It was founded in 1836, but has recently received a new charter, by which it is placed upon a broader and more liberal basis than formerly, and under which it is receiving new life. Differing from ordinary Universities, which are institutions for affording the highest grade of instruction in Arts and Sciences, and granting degrees indicating proficiency therein, this corporation is destitute of professors, and furnishes no instruction at all—its functions

being simply to examine for and grant degrees, allowing its matriculants to obtain instruction from whatever sources they please. Before its establishment, there was no power in the Metropolis to grant degrees, either in the Arts, in Medicine, Divinity, or in Law. Those, for instance, who studied medicine in London, and sought for a degree—aspired to anything more than a license from the Apothecaries' Hall or the College of Surgeons, or the membership of some Medical Society—were obliged to go to Oxford, Cambridge, Edinburgh, or Dublin, for their coveted honors. This corporation was established to prevent that necessity; and, without presenting details of its history, specifying the changes which it has undergone, it now presents itself as a body of the highest respectability, under the management of a Chancellor, Vice-Chancellor, and thirty-six Fellows, comprising such names as those of MACAULAY, the Duke of Devonshire, ARNOTT, BRUNELL, FARADAY, HODGKIN, WARBURTON, &c., &c., with Lord GRANVILLE at their head. These Fellows, or Senators as they are also called, establish rules, appoint examiners in the various departments of Science and Art, who shall test the qualifications of those applying for degrees,—the University conferring such as the applicant may be found to deserve. From the first, they conferred the degrees of Bachelor of Arts, Master of Arts, Bachelor of Laws and Doctor of Laws, Bachelor of Medicine and Doctor of Medicine, and, within the last few months, after a full investigation of the subject, taking the testimony of a large number of eminent men, and in accordance with the advancing spirit of the age, after overcoming the servile efforts of those who wished to maintain Classical Literature in its old and almost exclusive pre-eminence, they have established the degrees of Bachelor of Science and Doctor of Science, requiring of such only a very small amount of Latin and Greek—intending that those titles shall indicate as high a grade of mental cultivation—as high a standard of accomplishment—as the other corresponding degrees. The idea for years acted upon in the University of Michigan, in the establishment, and, though as yet, imperfect development of the Scientific Department, is now adopted in the University of London, through the strenuous efforts of men of the very highest enlightenment, and who had sufficient independence to rise above the influence of precedent, and

the prejudices of their education. Upon this subject, the *London Times*, of May 13th, in a leading article, somewhat lightly, but approvingly, says—"The chymist's son, who has never stirred from his father's shop and laboratory, may come up to Burlington-house, and ask for a degree in Science, with just knowledge enough of dog-Latin and Greek to be able to read and spell chymical names, without waiting two or three years in a Grammar School, in the attempt to construe *Virgil* and *Homer*." The idea of those controlling this matter in the University of London, is not to confer degrees upon those acquainted with a single science, as Chemistry for instance, being ignorant of every thing else, but they regard proficiency in scientific knowledge, together with an acquaintance of their own language and literature, as evidence of as much cultivation, of as high a degree of accomplishment, as a knowledge of the Ancient Classics, and equally—nay, more than equally—worthy of reception of University honors.

The length of this letter will not allow me to go into details of the conditions for the reception of these degrees. I may say, however, that the standard is intended to be high and the examinations rigid. The great idea of the London University is to take the student as he is, and return him as he comes, placing its honorable brand upon him, indicating his quality. If the young man is a proficient in classical learning, has a respectable knowledge of general literature, mathematics, philosophy, &c., he is stamped *B. A.* If he is a proficient in scientific knowledge, and has a respectable acquaintance with other subjects common to cultivated men, he is stamped *B. S.* Has he a knowledge of the law, he is stamped *B. L.* or *LL. D.* Has he like knowledge of medicine, he goes into the world with the mark of *M. B.* or *M. D.* upon him. These titles do not indicate that he has been a certain number of terms in some institution of learning, but simply that he has a certain amount of knowledge and cultivation, and of a kind indicated by his title. The idea is very simple and easy of comprehension, and may be worth contemplating.

I should perhaps add, that those not belonging to other recognized institutions are required to pass a mild matriculation examination, and in all cases for the first degrees two examinations, at different periods, are required.

Dr. CARPENTER, in his capacity of Registrar of the University, is at the rooms from one to four P. M., each day, to conduct the general business of the corporation; the rest of his time he proposes to devote to scientific and literary pursuits. He does not now practice the profession of medicine.

I am astonished that in this long letter I have mentioned so few of the very many interesting medical institutions and men of London, but every thing else must be deferred to a future occasion.

Yours, very truly, &c.,

A. B. P.

Selected Articles, Abstracts, &c.

ABSTRACTS AND SELECTIONS for the PENINSULAR AND INDEPENDENT.

By M. A. PATTERSON, M. D., Tecumseh.

From the Virginia Medical Journal.

ON THE COMPARATIVE INFLUENCE OF THE MALE AND FEMALE PARENT
UPON THE PROGENY. By J. B. THOMSON, L. R. C. S. Edin., Resident Surgeon
General Prison, Perth.

The following cases appear to me illustrative of a very curious and not unimportant chapter of anthropology, viz., "The comparative influence of the male and female of the human family upon their progeny" — a subject upon which very crude and indefinite notions are held, not only by the public, but by members of our Profession. It is a settled point with many, that it is foolish to search after any laws regulating the transmission of particular textures, features, and constitutions from either parent to the offspring.

While it is admitted that we can found little upon mere supposed general physical or psychical resemblance, I think the method of inquiry followed in this paper, is a correct one, and that a number of individual instances of the transmission of abnormal peculiarities from parent to progeny being accumulated and balanced, will lead to a safe and scientific induction.

MERCATUS, in his work, "De Morbis Hereditariis," says truly that the parents, grandparents and great-grandparents transmit quality and character, form and structure, proportion and disproportion, or any preternatural condition of a single membrane or organ, parts or parts.

Of this statement there can be little doubt. We may go further, and affirm that, where we find such irregularities and defects plainly appearing in one parent, and re-appearing in any of the offspring, such irregularities or defects are attributable to the influence of that parent. The order of causation is not to be questioned. And further, when striking abnormal conditions, physical or mental, are transmitted in families, the statistics of such should form data upon which to

found a proof whether, and in what proportion, the influence of the male or of the female preponderates. Beginning with physical peculiarities of the external structure, transmitted from parents to progeny, let us examine "the transmission of the skin peculiarities."

CASE I. *Hereditary transmission of webbed fingers.*—A. M., Alva. has had a family of nine children, five sons and four daughters. He himself and his four daughters are webbed betwixt the middle and ring fingers, or close-fingered as their mother calls it, *i.e.* the skin stretches across and unites these fingers together. None of the sons have this peculiarity. A. M.'s grandfather had the same; also his mother and two sons and one daughter; his uncle two daughters and one son, this son having all the fingers of both hand webbed together. A. M.'s daughter has one daughter webbed betwixt the middle and ring fingers of both hands.

CASE II. *Hereditary transmission of webbed fingers and toes.*—(This case, from a recent No. of the *Lancet*, is so similar to the former, that I make no apology for transferring it to this paper, for the sake of illustrating my argument.) W. S. has three fingers united throughout by skin, viz., the middle, the ring, and little fingers of both hands. His mother has the same, but W. S. is only one of seven children so malformed. Her uncle (her father's brother) had the same, and her paternal grandfather had the three smaller toes on each foot similarly united.

CASE III. *Hereditary transmission of fingers and toes partially webbed.*—J. B., Menstrie, has a daughter with six toes on each foot, the little toe and its neighbor being well webbed; also, two little fingers on each hand partially adherent by skin. J. B.'s great-grandfather had the same number of toes, and two little fingers on the left hand also partially webbed. No other member of this family can be traced to have had any abnormal physical conformation.

CASE IV. *Supernumerary toes and fingers webbed.*—J. R., Tilli-coultry, has the following peculiarity in his family, viz., one girl webbed betwixt the little toe and its neighbor; one son with two little fingers on each hand and having two little toes on each foot. No hereditary trace of these peculiarities can be found in any of the ancestors of this family, unless we admit the account of the mother as the true cause. She says, that when she carried this boy in utero, she met with an accident that split her fingers in two, so that it always afterwards looked like two fingers.

From the small number of cases now set forth it would be unsafe to draw any strong proofs, lest we should be placed in the category of the philosopher in Rasselas, who was always coming to conclusions without anything being concluded. But, although we admit that such a small number of cases is not proof positive, we must allow that they point to the following deductions:

1. That the male parent has a principal share in the transmission of hereditary skin peculiarities to the offspring.

In Case I., we have a grandfather, a father, and an uncle sending down an abnormal condition directly through the male line; and a striking resemblance to the male parent belonged to all those descendants who inherit this skin peculiarity. On the other hand, we have a grandmother and a granddaughter transmitting the same directly to their children.

In Case II., the paternal grandfather, and in Case III. the great-grandfather, was the original progenitor, to whom the physical malformations were traced back. Leaving out No. IV. where the origin is very doubtful, we have the following proportional cases, in which the immediate influence of the male exceeds that of the female parents:

Case I.—	Transmitted immediately by male,	10,	female,	4		
II.	“	“	“	3,	“	1
III	“	“	“	2,	“	0
				—		—
				15		5

But these cases point to another interesting deduction:

2. That the skin peculiarity in all these cases where it could be traced back, had its origin in a male progenitor. In No. I., it came in with a grandfather; in No. II. with a paternal grandfather, and in No. III. with a great grandfather. A curious question here arises: Did the influence of the originator of this malformation extend itself through several generations who bore his peculiar characteristics? Is it true, as Dr. HARVIE has recently asserted, that the male is the real producer of the species? Is it true that the influence of the male (in certain instances) extends beyond the first impregnation?

The consideration of these cases, which show the influence of the male to be greater than that of the female parent in the transmission of skin peculiarities, led me to look at the history of certain skin diseases which are hereditary, and the following instances occurred to my recollection:

Case of the Porcupine Family.—The original porcupine man, Edward Lambert, had six children and two grandsons, with the same singular skin as himself, resembling, it is said, an innumerable company of warts, of dark brown color, and a cylindrical figure, rising to an inch in height. In this case, the disease originating in a male, continued to all the family of six, and descended to the grand children.

Leprosy, too, seems to be chiefly derivable from the male parent. In Dr. SIMPSON's curious inquiries into the history of leprosy, we find quoted from the old Burgh Records of Glasgow (1859), "Robert Bogell, son to Patrick Bogel," both lepers in that city.

The modern experience of this malady in Norway, where it has so unaccountably increased of late years, has led to serious inquiry how it is to be prevented. Leprosy, or the *spedalkshed*, is held by Drs. BROEK and DANIELSON to be purely hereditary; and so strong is the opinion of the male being the chief propagator, that the proposal has not only been laid before the *Strothing*, or Norwegian Parliament, to prohibit the marriage of a leper, but it has been a topic of public and professional discussion, how far it would be just to deprive the male infants of leprous parents of the power of propagation. Ligature of the *vasa deferentia*, we learn has been seriously contemplated as a national measure.

The analogy of the lower animals confirm these views of the paramount influence of the male in transmitting generally the character of the skin to the progeny. The spawn of the salmon being impregnated with the male trout, the skin and the spots upon it showed the character of the trout, and vice versa, the salmon being the male. With birds, generally, the outer textures follow the male. With quadrupeds, the same rule holds. An intelligent and experienced sheep farmer informs me that it is the practice to cross the blackfaced sheep on the Ochils with the Leicester ram. The Ochil ewes are blackfaced, and have horns. The Leicester ram is not blackfaced and has no horns. The breed follow the Leicester ram, whitefaced, and in the proportion of about 86 per cent. have no horns. A few years ago, on the estate of Ava, there was a black ram with five horns, two on either side and one on the center. The breed by the common white ewe took the abnormal character of the ram, white a few exceptions. We know also that the products of the male ass by the mare, and of the stallion by she ass, can be distinguished by the skin, having the distinctive characteristics of the sire.

Numerous examples of this law must be well know to cattle dealers, and this subject is admirably treated by Mr. ORTON, of Southerland, in his ingenious papers "On the Physiology of Breeding."

We may safely, I think, conclude from facts before us:

I. That in the lower animals, and in man also, the influence of the male is greater than that of the female parent in the transmission of the skin texture to the progeny.

II. That the exceptional cases (probably more in man than the lower animals) lead us to look for some primary or secondary law presiding over the physiology of generation.

I intend to continue this inquiry as to the influence of the male on the other textures and organs of the body, in a series of cases and notes.

ON THE OTORRHŒA OF YOUNG CHILDREN.

Otorrhœa, or a discharge or running from the ear, consists in very many cases of merely a chronic inflammation of the external passage of the ear, which has given rise to an increased secretion. The inflammation is usually confined to the external portion of the meatus, but sometimes extends to the surface of the membrane of the tympanum. The disease is most frequently observed in children, although it is not rare in adults. In the former, it is generally accompanied by a tendency to glandular engorgements, with symptoms of general debility; in adults, it is also the sign of a depressed condition of health. The exciting cause may be a blow upon the ear, the employment of irritating local applications to the ear, or any acute inflammation of the lining membrane of the meatus; but the most frequent causes are scarlet fever, measles, or catarrhs. Often no cause can be discovered; the children complain of a slight irritation in the ear, which they seek to allay by introducing the finger, or a little stick, and the irritation disappears when the discharge begins. Sometimes, however, the discharge is the first symptom of the disease. In the early stages, the hearing is only slightly diminished by the disease, even when the inflammation and swelling extend to the external surface of the membrane of the tympanum; but when the disease has existed for any length of time, the membrane itself participates in it, and dulness of hearing, or deafness, ensues. Moreover, it must be borne in mind that catarrh of the meatus and external surface of the tympanum is often but a symptom of irritation *within the tympanum*, and ceases as soon as this irritation is removed. After the disease has existed some time, there is often considerable irritation of the meatus, amounting at times to acute pain, with occasionally slight hæmorrhage. Hæmorrhage is more frequent, however, when there is a polypus in the meatus.

On examination of the meatus, its lining membrane is found to be thicker than usual, and sometimes so much so as to close the passage entirely. In many cases the membrane is red and destitute of epithelium; on the other hand, it is frequently white, and covered with a thick epithelial layer. The secretion is generally very fœtid, of various colors, sometimes of a milk-white, at others of a dark slate color, and whatever its quantity, color, or consistence, it never contains flocculi, but when mixed with water, renders it cloudy.

It need hardly be said that polypus sometimes exists along with chronic catarrh of meatus. In such cases there is bleeding from the ear, and flocculi are found in the secretion. The latter are also found when there is ulceration of the fibrous tissue of the *membrana tympani*, in which case blood is very often mixed with the

secretion. If the catarrhal inflammation extends to the mucous membrane of the membrana, the latter becomes, like the meatus, thickened, and often very much congested. The membrane then loses its natural color and form; if we are able to employ a speculum, the outer surface is seen to be flatter than usual; and, in consequence of its thickening, neither the long nor the short process of the stapes is visible.

In the *treatment* of catarrhal otorrhœa, it is of the first importance to remove the secretion, and keep the meatus clean. This is best done by frequent syringing with lukewarm water. If there be so much pain or tenderness that the syringe can not be used, one or two leeches must be applied to the outer edge of the meatus, followed by warm fomentations or poultices, or the vapor of warm water may be directed upon the ear. After all tenderness is removed, and the meatus cleansed from the secretion, weak astringent solutions should be injected, and moderate counter-irritation applied to the mastoid process. These simple means, in connection with remedies for improving the general health, especially tonics, suffice, in very many cases, for curing the discharge. In very obstinate cases, the counter-irritation to the mastoid process must be maintained, so as to keep up an artificial discharge, which is best done by means of croton oil; and a strong solution of nitrate of silver (ten to forty grains to the ounce) should be thrown into the meatus every third day, by means of a glass syringe.

There are cases, however, which resist this treatment, the discharge continuing unchanged for two or three months. The treatment should then be steadily persevered in, as it may at least prevent ulceration of the membrane of the tympanum, caries of the bones, and the development of polypi.

[Translated for the *Boston Med. and Surg. Journal*, from the *Jour. für Kinderkrankheiten*.

ADHESIVE PLASTER IN MAINTAINING EXTENSION AND COUNTER-EXTENSION IN OBLIQUE FRACTURES OF LOWER EXTREMITIES.

From the illustrations of practice in the May 23d No. of the *Med. & Surg. Reporter*, we learn that DESAULT's splint, as modified by PHYSICK and HUTCHINSON, is still preferred by the surgeons of the Pennsylvania Hospital in cases of fracture of the thigh bone; also, that in place of the old fashioned gaiter, etc., extension is effected as follows:

One extremity of a long strip of adhesive plaster, two inches wide, is attached to one side of the wounded limb, just below the fracture; the strip is then brought down to the foot, care being taken that the plaster is firmly, smoothly, and evenly applied to the limb; in its progress downwards the loop below the foot is made by the strip of

plaster as it is conducted from one side of the limb to be similarly applied to the other. To take off pressure from the malleoli, a block of wood of sufficient size is placed in the loop, and to this extending bands attached; the descending and ascending strip of plaster is more securely fastened to the limb by a few strips of plaster circularly applied to the leg.

Counter-extension is made by a band which is put around the groin and the ends fastened to the top of the splint.

Dr. NEILL, the clinical surgeon,

Observed that the great secret of success in treating fractures was attending to the skin; and that not merely the proper application of dressings was necessary, but their maintenance in proper position. They should be constantly watched and re-applied.

This direction may be complied with in the hospitals, where skillful attendants are always at hand, but in private, and especially in country, practice, a method of steadily maintaining counter-extension, simple in application, comfortable to the patient, and not liable to constant derangement is still regarded as a desideratum.

It is several years since Dr. GILBERT proposed what he regarded as such a method; and we notice that continued experience, supported by that of other respectable practitioners, has strengthened his original views of its superiority over all other modes of effecting counter-extension. We are therefore disappointed at finding no reference to his plan in the reports of hospital practice.

His method is simply to substitute for the ordinary unadherent "band around the groin" — which is always liable to produce more or less friction and ultimate excoriation — a strip of adhesive plaster similarly applied, attached to the splint, and supported by one or more circular strips above the pelvis.

Believing that Dr. GILBERT's process is not generally known, we will refer, more minutely, to his interesting paper hereafter.

BALSAM COPAIBA IN PSORIASIS.

At the Hospital of St. Louis, M. HARDY has experimented with Balsam Copaiba in the treatment of psoriasis. Cases not materially benefited by arsenic and the ordinary local treatment, yielded to the internal administration of the balsam, in doses gradually increased from three-fourths of a drachm to two drachms, repeated before meals daily. At the same time, the usual local adjuvants were applied with advantage in cases of unusual obstinacy.

TREATMENT OF HOOPING-COUGH BY DILUTED NITRIC ACID.

Diluted nitric acid, originally recommended in pertussis by Dr. ARNOLD, of Montreal, is extolled by Dr. ATCHERLY, in the *British*

Medical Times and Gazette, as an efficient remedy to abbreviate the ordinary term of hooping-cough. He prescribes the diluted acid in doses of five minims for a child six months old, every third hour, and increases the doses in proportion to the severity of the symptoms to fifteen minims every second hour. The dilute acid is mixed with compound tinct. of cardamoms, syrup, and water, which renders it quite palatable. In conclusion he remarks:

"In conjunction with the above treatment, I have invariably employed a stimulating embrocation to the back and chest, night and morning, consisting of one ounce of camphor liniment, and two drachms of spirits of turpentine. I have also seen great benefit from the inhalation of the fumes of burning nitre-paper: two pieces, of about four inches square, are burnt in the bedroom, on retiring to rest, and one piece burnt occasionally in the room occupied by the child in the day time, appears to shorten the paroxysm, and to deprive it, in a great measure, of its spasmodic character, rendering it more like the cough of common catarrh.

THE ORACLE FAIRLY COMMITTED.

SKODA — the greatest of non-committal medical skeptics in Europe — has ventured to express a decided opinion, as appears by the following translation:

Phthisis — *Skoda*. — In the *Wiener Medical Zeit.* this world-renowned practitioner particularly refers to the importance of vinous and malt liquors in consumption. They afford one of the most efficacious means of arresting the diarrhœa which so often debilitates the patient, give a tone to the digestive organs, and furnish an agreeable way of generally stimulating the system.

In chronic tuberculosis, with or without accompanying diarrhœa, SKODA regards wine or beer as more valuable than quinia or opium.

[*Med. & Surg. Reporter* — trans. by J. A. DEMME, M. D.]

MORPHIA AND CARBONATE OF SODA FOR RETENTION OF URINE.

After several unsuccessful efforts to pass a catheter in the case of a patient laboring under retention of urine, and the failure of ordinary doses of laudanum, enemata, warm-baths, etc., Mr. WHEEDEN COOKE, surgeon in charge of the Royal Free Hospital, of which the patient was an inmate, ordered the following prescription:

One grain of muriate of morphia, with a drachm of sesquicarbonate, of soda every two hours. In the course of the night the patient passed about four ounces of urine, and the following afternoon the bladder was fully relieved. He had taken seven grains of morphia, and seven drachms of soda, before sufficient relief could be obtained. He is now doing well.

[*Lancet*, April 30, 1859.]

PERCHLORIDE OF IRON IN IN-GROWING NAIL.

After fomentation, Dr. ALCANTARA interposes beneath the nail a small piece of lint, upon which some ointment of perchloride of iron has been spread. All the surface of the excrescence, deprived of its epidermis, is covered over with this, and the dressing renewed twice a day. At the end of four days, the excrescence becomes dry, and is easily detached. The wound then assumes a healing aspect, and the cure is completed at the end of a week.

[*Union Médicale.*]

BISMUTH SNUFF IN CORYZA.

Mr. MONNERET, we are told in the *Revue de Thérapeutique*, has established the services of subnitrate of bismuth in coryza; and Dr. SOBRIER has lately shown that by the addition of iodide of sulphur to it, a cure for chronic coryza is obtained. The following is his formula:—Subnitrate of bismuth, 4 parts; liquorice powder, 8 parts; iodide of sulphur, 30 parts. Of this compound the patient is to take ten or twelve pinches in the day, according to their effect.

[*Med. Times and Gaz. April, 1859.*]

SUPPRESSION OF ILLEGAL PRACTICE IN PARIS.

The twelve different districts of the French capital have almost each a medical society. That of the second district has lately decided that all the societies shall be requested to act in concert, with a view to suppressing illegal practice, in imitation of the societies of Blois and Lyons, where prosecutions of this kind have been highly successful.

THE PHYSIOLOGY AND PATHOLOGY OF THE THYMUS GLAND.

A valuable contribution to our knowledge upon the above subject has been made by Dr. ALEX. FRIEDLEBEN.

After years of patient and toilsome labor, he has presented to the profession a most concise and complete essay upon this obscure subject.

We condense the following:

Development of the Thymus.—At the very beginning, the thymus appears as a very narrow strip of blastema, a remnant of the blastodermic membrane, lying along the carotid vessels; this is about the fifth or sixth week. Between the sixth and eighth week, small vesicles bud out on every side. The attachment becoming more and more contracted, until a little cellular tissue is all that connects each vesicle with the primitive strip, now membrane—this cellular tissue serving merely as a connecting *band*; there is no tubular arrangement. The vesicles increase by branching into twos and fours. *Every vesicle or cell is a distinct, independent unit.*

From the time of the first appearance in the embryo, the thymus increases in length. This increase is more marked after birth than during embryonic and foetal life. After the twenty-fifth year, the length decreases until the gland is entirely absorbed.

The absolute weight of the thymus increases until the end of the second year, then remains stationary until puberty; and between fifteen and twenty-five years of age it gradually decreases, and after twenty-five a very rapid diminution takes place.

The specific weight is greater during the embryonic state--decreases until the time of birth, then steadily increases until the end of the second year, after which it again diminishes.

This is the reverse of what takes place in the liver and spleen.

Secretion—Most active at the end of the first year of life; still considerable during the second year, and continues lessening from day to day, until puberty, when it is almost suspended. The secretion of the thymus consists of a liquid, crowded with granules, and presenting all the appearances of a nutritive fluid: it gives an *acid* reaction. This fluid he has also found in the vena thymica, but not in the lymphatics.

The quantitative analysis of the gland give the interesting result that after the embryonic state, the earthly phosphates predominate, until the time of the thymus involution, when the alkaline phosphates are in excess. This is particularly interesting, inasmuch as the reverse obtains in most of the other organs.

[From the German, by T. A. Demme, M. D. Translated in *Medical and Surg. Reporter*.

On the Physiological Position of Fibrin.

By LEVIN S. JOYNES, M. D.,

Professor of Institutes of Medicine in the Medical College of Virginia.

THE mutability of medical doctrines has become a by-word, and, with those who judge harshly, a reproach. An old French medical writer, BORDEU, compared the human mind in the pursuit of scientific truth, to a drunken man on horseback, who inclines first to one side, and, in endeavoring to recover himself, is sure to swing as far over to the other; so that he finds it impossible to sit straight up in his saddle.

In no department of our science has the multiplicity of opinions and the ceaseless tendency to revolution been so conspicuous as in physiology. This is due in a chief degree to the inherent difficulties and obscurities of the subject it embraces. Where facts are imperfectly understood, they may admit of several different explanations, one or other of which will prevail according to the preconceived ideas of

inquirers; or, an accepted doctrine may be overturned by the discovery of new facts, which are found to be irreconcilable with it. Besides which, the surpassing interest which invests the operations of the living organism, too often tempts the physiologist to the exercise of the inventive faculty in the solution of the problems which present themselves; and thus he *assumes* facts, which afterwards turn out to be false: nor can it be denied that a natural instability of mind, and an innate passion for novelty, on the part of the "interpreter of nature," has now and then given birth to a new theory. We can only lament, but can not remedy, the changeful aspect of the science, until the arrival of the long distant period, when we shall see all things clearly in the full light of positive knowledge.

Among the many unsettled questions which are at this time attracting attention and inviting discussion, is that which I have chosen as the subject of this essay. A few years ago, it is true, no chapter of doctrine seemed better established than that which relates to the physiological relations of the animal principle which we term *fibrin*—its origin, uses, and destination in the economy. But for some time past there have been indications in various quarters, of a growing revolution of opinion on this subject, which, in a theoretical aspect at least, is of fundamental importance both in physiology and pathology, and it may not be uninteresting to inquire into the sufficiency of the grounds on which it is sought to justify the change of faith.

A peculiar interest has always attached to the substance in question, by reason of the remarkable phenomena in which it takes a leading share. The coagulation of the blood is entirely due to its agency. Though held in perfect solution so long as the blood is flowing in the living vessels, no sooner is this fluid withdrawn from the body, than the fibrin (in the exercise of a property which is inherent in it, and distinguishes it from all other animal principles) passes spontaneously to the solid state. Its particles concrete in the form of innumerable delicate filaments or "fibrils"—and these, by crossing and interlacing with each other in a thousand different directions, form a close net-work, in which the red and white corpuscles are entangled and held fast: and thus it is that the fibrin is the active agent in the coagulation of the blood; and though its proportion in the fluid amounts to no more than two or three parts in 1,000, it holds in its grasp the red corpuscles, whose normal proportion is from 125 to 140 parts. Next, the fibrinous net-work slowly contracts and presses out the yellow serum, which soon surrounds the clot and bathes its surface. In the *buffy coat* of inflammatory blood, we have an example of nearly pure fibrin.

The same principle is also an ingredient of the chyle and the lymph—the proportion, however, being less than in the blood; but it is not normally found in any of the *secreted fluids*, whether those of the

excrementitious class, or those destined to some special office in the economy.

In *disease*, it not unfrequently escapes from the circulating fluid, especially in acute inflammations—being a constant ingredient of that “coagulable lymph” which is so often poured out either into the parenchyma of organs, or upon their membranous surfaces. The tendency to such exudations is accompanied by an increased proportion of fibrin in the blood, which is as invariable an attendant of inflammation as the vascular engorgement which belongs to it.

A plastic fluid of analogous constitution is the material employed by nature in the reparation of injuries, whether wounds of soft parts, or fractures of bone; and in both kinds of exudation, the fibrin manifests the same tendency to spontaneous coagulation, and after the same manner, as in the blood.

It does not appear that fibrin enters into the composition of any of the living *tissues*. Formerly, indeed, it was universally regarded as the chief constituent of the muscular fibre; but according to the view of the leading physiological chemists of the present day, the substance of muscle consists of a peculiar principle (named *syntonine* by LEHMANN, *musculine* by ROBIN and VERDEIL), which differs from fibrin in some well-marked particulars, corresponding rather with albumen, with which it is said to be quite identical in composition.

It would be foreign to my present purpose to describe in detail the physical properties and chemical characters of fibrin. As to the former, if any one will take the trouble to examine the buffy coat of inflammatory blood, or to stir any specimen of fresh drawn blood with a stick, and wash the clot which adheres to it, to remove the red coloring matter, he will obtain a better idea than can be conveyed by any verbal description; and if he will take a thin film of the white, fibrous-looking elastic substance thus obtained, and examine it carefully with a good microscope, he will readily distinguish the filamentous arrangement which fibrin assumes in its coagulation.

In chemical characters, its close relations to those other “protein compounds,” albumen and casein, are admitted by all chemists, notwithstanding the remarkable differences in the conditions and mode of their coagulation—neither of these kindred principles exhibiting any tendency to spontaneous coagulation, though this change is readily induced by chemical agents. In neither case, however, does the coagulum present a definite arrangement of its particles, like that of fibrin.

As it respects their composition, it is sufficient to examine the analyses made by various chemists of late years, to be satisfied how near is their resemblance. It appears singular indeed that two ingredients of the blood, so different in the particular just referred to as are albumen and fibrin, should be so nearly identical in composition. Some

analyses, it is true, give a somewhat larger proportion of oxygen for fibrin; and great importance has been attached to this difference: but, if it exist at all, it is very trifling. In the comparative analyses given by LIEBIG in his Letters on Chemistry, which ROBIN and VERDEIL consider the most trustworthy, no such excess of oxygen appears, but the reverse—the numbers being, for albumen, 22·54 per cent.; for fibrin 21·7.

There is little doubt that the two bodies may be converted into each other by the processes of vital chemistry—fibrin, when taken into the stomach, being transformed into albumen by digestion, and so absorbed; and albumen, in its turn, being continually transformed into fibrin in the chyle and blood. There is every reason, indeed, for the belief that such is the source of all the fibrin which the blood contains. This, however, is rather prejudging a point in controversy.

The views heretofore generally current in reference to the offices of fibrin in the economy, assigned to it the highest place among all the proximate principles. It was regarded as an organizable compound—as *the* organizable principle *par excellence*—the immediate nourisher of the living tissues—the form through which the albumen of the blood (which so largely exceeds it in amount) must pass before accomplishing its work of nutrition. It is to this end that fibrin is being continually elaborated out of the kindred compound, in the blood, the chyle and the lymph, as they flow in their vessels. Fibrin, it was said, is not a mere *chemical compound*, like albumen or gelatin, but already *half-vitalized*, and endowed with an inherent tendency to organization—this being manifested by its passing spontaneously to the solid form, by the regular arrangement or structure which its particles then assume (reminding one somewhat of an organized fibrous tissue)—and by its invariable presence and agency in those plastic exudations which become organized into false membranes, and form the medium of the healing process. Its supposed presence in the muscular fibre, as the basis of its composition, was also appealed to as a fact of much significance.

Of late years, however, various considerations have been adduced, tending to invalidate this attractive theory, and to establish in its place one which is more or less completely the reverse of it. Among the partisans of this new view, may be mentioned the names of ZIMMERMAN, JOHN SIMON, HANDFIELD JONES, BROWN-SEQUARD, BERNARD, and ROKITSKY, whose authority in the world of science certainly entitles it to a candid and deliberate examination.

Fibrin, it is maintained, so far from being a peculiarly organizable or plastic material, and the immediate pabulum of the most highly-vitalized tissues, is, in reality, an *excrementitious compound*, not at all available for nutrition, and to be reckoned “among those elements which have arisen in the blood from its own decay, or have reverted to it from the

waste of the tissues," and are in process of elimination from the system. (*Simon's General Pathology*, p. 44.) ROKITANSKY speaks of it as "an excretory formation—a substance brought by oxidation nigh to the state of disintegration—an albuminous matter consumed by oxidation,"¹ &c., &c.

All idea of *vitality* as appertaining to fibrin, is of course repudiated, and its coagulation is regarded as a mere physical consolidation, or a precipitation from solution, induced by external conditions, and no more vital than the coagulation which we cause in an egg by boiling it, or in milk by the addition of an acid.

Fibrin being deposited from its high office, it is of course albumen that takes its place as the great plastic and tissue-forming element of the blood.

Some, however, modify this view so far as to admit that fibrin is capable of a certain degree of organization, but of a *very low kind*, never rising above the grade of the white fibrous or the areolar tissue. It is completely foreign to the nutrition of the higher tissues, such as the muscular and the nervous.

[To be concluded in the August No.]

Pharmaceutical Department.

Fluid Extract of Yarrow.

A new therapeutical use for Yarrow (*Achillea millefolia*) having been noted in our last No., we here insert a formula for a fluid extract, which we take from the *Journal of Maryland College of Pharmacy*:

Take of Yarrow (the recently dried herb) in coarse powder eight ounces (officinal), alcohol diluted (two parts 95 per cent. alcohol and one part water) a sufficient quantity. Pour over the powdered herb four ounces of the diluted alcohol, and work through with the hands until thoroughly moistened; allow it to stand in a covered jar for 24 hours. Pack closely in a funnel or other displacer, and proceed to displace, until twenty-four fluid ounces are obtained, which, if performed with proper care, will exhaust the herb, as tested by tasting the droppings. The resulting liquid should be exposed in a shallow dish (in summer to a draft of air under an open window, in winter on a shelf near the top of the room), and allowed to evaporate spontaneously until it measures sixteen fluid ounces. Thirty or forty grains bi-carb. potassa in powder may then be added, which retains the extractive in solution and clears the liquid, without interfering with its properties.

The evaporation of this fluid extract may be continued, if desired, with a very gentle heat (in a water-bath), until reduced to the consistence of an ordinary extract. The result in either case, fluid or solid, possesses in a marked degree the sensible and other properties of the herb, each teaspoonful representing 30 grains of the herb.

As Yarrow possesses tonic, astringent, and expectorant powers, in addition to those noted in our last, it is probable that its use will become more extended as its merits are known.

Goulard's Cerate substituted by a Glycerole of Lead.

DRAYLIT (Why not Daylight?) proposes (*Journal of Maryland College of Pharmacy*) the following glycerole as a substitute for Goulard's Cerate. He says:

This cerate, as is well known, becomes speedily rancid, and in that state is more irritating than soothing to inflamed surfaces. The sub-

stitute does not change, is easily washed off with water, and can be reduced to any desired extent, for the purposes of a wash, with rose or distilled water.

Take of Pure Glycerin	13½ oz. (fluid).
Solution of Sub-acetate of Lead	2½ oz. “
Camphor	½ drachm.

Triturate the camphor into powder with a few drops of alcohol; add the glycerin; heat in a water bath until the camphor is dissolved; when cool, add the solution of lead, and shake well together.

These proportions are those for Goulard's Cerate, substituting glycerin for the oil and wax.

The Preservation of Infusions.

Mr. ROBERTSON, a pharmacist of London, recommends that infusions be preserved by filling bottles of any convenient size (with them when freshly prepared and filtered) up to the bottom of the neck. These are placed in a vessel of water, put on the fire, and allowed to remain until the water has boiled around them for ten or fifteen minutes; by this time the infusions will be found running over the brims of the bottles. They are then removed one by one, and immediately closed by simply tying a piece of moistened bladder over the top.

Infusions can be prepared for a three or six months' supply, without danger of loss.

Althea Paper, a New Test for Acids and Alkalies.

Prof. AIKIN (*Jour. Maryland College Pharmacy*) proposes the coloring matter of the flowers of *Althea Rosea* (Hollyhock) as a substitute for litmus and turmeric, as a test. These flowers are largely imported for the purpose of coloring artificial wines, &c. He states that the paper prepared with the coloring matter of Hollyhock is more permanent, and fully equal in sensitiveness to limus paper.

Samaderine.

This substance has recently been isolated (as a new organic body) from the fruit of a tree found in Java, of the order *Simarubæ* (*Samadera indica*). It is crystalline, indifferent to most reagents, and may be classed with salicine, phloridzine, &c., and possesses a most intense and persistent bitter taste. As the bark of the many trees of the order *Simarubæ* are esteemed as tonics, it may be that in *Samadarine* there has been a valuable addition to *Materia Medica*.

EMPLOYMENT OF IODIDE OF SODIUM. BY ALEXANDER URE, ESQ., F. R. C. S.

I submit to the profession the following observations respecting medicines, which will, I trust be found useful in practice. Iodide of sodium is met with in the ashes of sea-weed and of various plants which grow on the sea-shore. To this source may be reasonably ascribed the belief entertained in the healing virtues of sea-weed by inhabitants of the coast in different parts of the globe. Professor LAYCOCK, in an ingenious address which he delivered at the pharmaceutical meeting in Edinburgh last November, and which is published in the *Pharmaceutical Journal* of the month following, states that "in the pampas of South America, where goître is prevalent, the remedy, a so-called goître-stick, is nothing more than the thick stem of a sea-weed." Mr. COOPER, in his "Surgical Dictionary," recommends for some scrofulous affections the use of poultices of sea-weed.

Iodide of sodium, as a therapeutic agent, is, and ought to be, more active than iodide of potassium, since it is richer in iodine. According to GMELIN, iodide of sodium contains 84.45 parts of iodine in the hundred, while iodide of potassium contains but 74.27, the proportion of sodium, though small, being still sufficient to cover the irritative quality of its associate.

As far as my experience goes, iodide of sodium is a blander salt, more assimilable, and better borne by the stomach, than iodide of potassium. It is moreover, much less prone to produce symptoms of iodic disturbance. Patients under my care have taken it steadily for weeks together, without suffering the slightest inconvenience, and with uniform advantage as regarded the morbid condition. On no occasion, save one, has there been any complaint made of this medicine producing sense of weight or uneasiness referred to the stomach, nausea, impaired appetite and digestion, headache, running from the eyes and nostrils, general nervous depression—symptoms which at times supervene during the administration of iodide of potassium, even in moderate doses. The instance in question was that of a puny, scrofulous boy with disease in both knee-joints.

As a general rule, the preparations of soda are milder in their operation on the system than those of potash. If, moreover, the important view, first announced by M. DUMAS in the 92d volume of the "*Annales de Chimie*," be accepted, that there are certain salts which leave the blood the faculty of becoming arterialized, while others deprive it of this property, and that the salts having soda for their base are more proper to maintain this condition of integrity than those of potash or ammonia, it may be fairly assumed that the former are likely to exercise a more favorable remedial influence than the latter, especially if exhibited continuously for a length of time. Soda, variously combined, is diffused extensively

throughout the organism; fully five-sixths of the saline constituents of healthy blood consists of salts of this base.

Iodide of sodium may be prescribed in all cases in which the employment of iodide of potassium is indicated, as antidotal to various constitutional symptoms of syphilis, chiefly of the so-called tertiary group, and where mercury has been properly used beforehand; in certain forms of rheumatism; in chronic affections of the joints and bones of a scrofulous character, particularly where a stealthy inflammatory process has determined copious fibro-plastic deposition or hypertrophy. If judiciously administered, it may be given in progressively-increasing doses, where it is desirable to produce a decided alterative effect on the system. M. GAMBERINI has furnished a brief notice respecting its use in the volume SCHMIDT'S "Jahrbücher" for 1858. Reference is made to 116 cases of constitutional syphilis in which it had been exhibited, and where it was found to have acted more rapidly than iodide of potassium, and often proved efficacious where the latter drug had been of little or no avail. It is there recommended to be given as follows:—One scruple is to be dissolved in three ounces of distilled water, and this is to be swallowed in divided doses in the course of the day. After the lapse of two or three days, the above amount is to be augmented by the addition of six grains; and so on until eventually the patient comes to take two drachms, or even more, of the salt daily; the time for taking each dose being an hour before meals.

Hitherto I have usually prescribed the iodide of sodium to the extent of five or six grains twice or thrice daily, dissolved in four ounces of compound decoction of sarsaparilla, which forms a convenient vehicle; occasionally, in pure water, with the addition of five grains of bicarbonate of soda to each dose; this serves to counteract acescency, and the consequent liberation of hydriodic acid in the stomach, which is sure to cause headache. In scrofulous complaints, I have given it, combined with cod-liver oil, and with manifest benefit. A remarkable and unexpected effect was observed in one instance under this treatment for diseased bone, where a marked improvement of sight ensued from diminution of a nebulous condition of the cornea. In constitutional syphilis, I have found it advantageous occasionally to conjoin the use of the iodide with that of bichloride of mercury, should mercury have been previously withheld, or imperfectly introduced into the patient's system.

As a general rule, the iodide ought to be administered in plenty of liquid, and not on an empty stomach, as suggested by the above writer. It is readily soluble in water, has a cooling saline taste, certainly preferable to that of potassium compound, and by no means equally persistent in the throat.

Subjoined are the notes of one of the several cases in which this medicine has been employed by me. Reports of others, still under treatment, will be duly communicated:

G. W——, aged twenty-eight, a footman, was admitted into St. Mary's Hospital, under my care, on the 15th of November, 1856. He was a wan, emaciated, cachectic-looking man. He complained of pain, referred to the large joints, and of aching in the back and loins. He was disfigured by patches of rupia, scattered over different parts of the surface; thus, on the right side of the nose, at the junction of the nasal bone with the cartilage, was a dark oval scab, overlying a sore the size of a shilling, and which seemed, as it were, eating its way into the nostril; on the tragus of the right ear was a similar scab, as also over the right eyebrow; on the scalp there were several scabs of the same character; on the right arm was a prominent hardened scab, and another over the left wrist; behind the inner angle of the left foot was a round excavated sore, of a dusky-red hue, the sequel of inflammation of the corial tissue. Each scab had been preceded by the formation of a small vesicle of a punctuate character. This eruption was of a month's standing. He suffered besides from an affection of the throat of three weeks' duration, which caused great distress in swallowing. On examination, it was ascertained that there was a deep oval ulcer in the the left tonsil, covered with a grayish-yellow film, and a similar sore in the mucous membrane of the back of the pharynx. He had enjoyed good health until five weeks preceding his admission, when he had an attack of rheumatism, and for which he was successfully treated in this hospital. He denied ever having had any venereal malady; had then been married fourteen months, and was the father of a healthy child.

Nov. 18th.—After the scabs had been softened and partially detached by the application of wet lint, I directed the different spots to be touched with nitric acid; the sores in the throat to be swabbed daily with dilute hydrochloric acid; and the patient to take five grains of iodide of sodium in four ounces of compound decoction of sarsaparilla, thrice every day. Ordinary diet.

25th.—Was improved in all respects, more particularly as regarded appetite.

29th.—General amendment; sores in the throat were much reduced in size.

Dec. 3d.—Nitric acid was applied to the crusts on the scalp.

6th.—The ulcer of the tonsil was healed, and that at the back of the pharynx nearly so.

8th.—The sore on the nose was making favorable progress under the use of water-dressing; the rupia scabs were all disappearing, and there was manifest improvement of the general health. The patient was ordered to have a warm bath twice a week.

15th.—The throat was quite well; the sore on the nose and that near the ancle, were completely cicatrized; the rupia was extinct. The patient had evidently gained in flesh and strength; his cheeks were plump, his complexion was florid, and he was perfectly free from pain in the back, loins, or joints. He was discharged cured on the 24th of December, 1858, after a sojourn of thirty-nine days in the hospital.

Nothing could be more satisfactory than the result of treatment in this instance, which was simply that of uninterrupted progress to recovery. The case was one of the eroding variety of rupia, termed by some writers *rupia escharotica*, and which is occasionally witnessed in the persons of those who have been affected with the constitutional symptoms of syphilis. The man, at the time of his admission, was in a deplorable state of health; his throat was the seat of foul ulcers, one side of his nose was on the verge of mutilation, his body was racked with pain, his countenance marred by an unsightly eruption. After the lapse of about five weeks, he had regained his wonted health, and returned home without any appreciable trace of the disfiguring malady for which he had sought relief within the walls of an hospital.

[*London Lancet.*

A SUBSTITUTE FOR COD LIVER OIL.

The oil of the dugong has been lately proposed as a substitute for cod-liver oil by Australian physicians. Dr. HOBBS, Medical Health Officer of Moreton Bay, Australia, has again called attention to its curative properties; and if this oil should prove as efficacious in the hands of others as he believes it has been in his own, there will be great reason for congratulation. The dugong is very abundant in the Australian waters and in the Indian seas, and might be obtained in large quantities at a moderate cost. It has the advantage of being a pure, sweet, and palatable oil, which may be used in cooking, and is peculiarly digestible. On the other hand it does not contain iodine. Those who look upon the iodine of cod-liver oil as an active and important agent in the production of its peculiar effects, will probably be disinclined to accept this report in all its details; it strengthens the hands of those physicians who believe that cod-liver oil is mainly valuable as supplying, in a digestible form, carbonaceous material, and thus sustaining enfeebled vitality. Dr. HOBBS prescribes dugong oil in those cases in which cod-liver oil is usually prescribed, and his success has been very encouraging. He believes that it is particularly well suited to the form of disease known as "dyspeptic phthisis." The statements of Dr. HOBBS are well worthy the attention of the Profession; and if it be found that the dugong oil can be substituted advantageously for cod-liver oil, the gain will be great to the patient, who will thus be enabled to procure an agreeable and palatable oil at a much less cost than that of the more nauseous and unpleasant medication, now in such high esteem.

[*London Lancet.*

THE ACID NITRATE OF SILVER.

M. CROCQ lately read a paper before the Medical Society of Brussels, wherein he sets forth the advantages of a caustic solution hitherto not much employed—namely, the acid nitrate of silver. The author states that it should be used when the surface acted upon is to be more or less deeply modified, without an intention of destroying much thickness of tissue—in fact, in those cases where the solid nitrate of silver or the acid nitrate of mercury are generally used. The acid nitrate of silver is, however, superior to the simple nitrate, as it penetrates much better into interstices, and as its action may at will be made superficial or deep (the difference depending on the longer or shorter contact). It is also preferable to the acid nitrate of mercury because it produces no tonic effects, and never gives rise to alarming symptoms, however extensive the surface may be with which it is brought in contact. Nor can it excite salivation. Its action can, moreover, be at once stopped when the vagina, the mouth, or the eye are operated upon, as an injection of a solution of common salt will immediately render it inert. Chancres, simple or sloughing ulcers, hospital gangrene, lupus, epithelial cancer, &c., can be treated with this caustic solution. It may be prepared either from the simple nitrate or from metallic silver. To obtain it from the lunar salt it will be sufficient to add eight times by weight of nitric acid, at 33 deg., to the nitrate of silver, and expose to heat in a stopped bottle. With metallic silver, ten times the weight of nitric acid, at 35 deg., should be poured on the metal, and a gentle heat be used.

[*France Médicale* — from *Lancet*.

KOUSSINE.

M. PAVESI, and subsequently M. VEE, have succeeded in extracting the active principles of koussou. The following is the process:—300 grammes of koussou are treated with 100 grammes of alcohol, and 25 grammes of hydrate of lime, at a temperature of from 140° to 150° Fahr.; the residue is also digested in 600 grammes of barley-water. The solutions thus obtained are mixed together, filtered, and precipitated by acetic acid.

Koussine is yellow, bitter, insoluble in alcohol and in alkalies, and does not crystallize.

PURIFICATION OF SPIRIT FROM FUSEL OIL.

M. BRETON (*Moniteur Industriel*) has proposed a method of purifying spirit in the small way; consisting in taking advantage of the solubility of Fusel Oil in Olive Oil, which, however can not dissolve the spirit. He states he

First made use of a filter consisting of disks of woolen stuff, slightly soaked in oil, and held between two perforated plates of metal. The spirit was deprived of fusel oil, but only until the woolen cloth was

saturated with the volatile oil, when it absorbed no more. By means of a current of steam at pressure of two or three atmospheres, the wool could be readily freed from the volatile oil; but the exposure to steam at this temperature rendered the wool useless for a repetition of the process. The woollen stuff consequently had to be given up, and after many trials it was replaced by a layer of powdered pumice-stone, which acts exactly in the same way as the woollen stuff, but without losing its power of absorption when exposed to a temperature necessary for the volatilization of the fusel oil.

IODIZED FOOD.

Dr. BIONET, of the French Academy of Medicine, in a recent paper asserts that scrofula and other cachexiæ, may be removed by introducing iodine into the general diet of the patient. He proposes to do this by making iodized food, compounded of such plants as contain iodine, as sea weeds and cruciferous plants, and introduced into bread, cakes, syrups, etc.

THE "SPANISH APPLE."

Dr. T. MORTON LYLE, of Gonzales, Texas (*N. O. Med. News*), recommends the Spanish apple—*Malvaviscus Drummondii*—as a valuable addition to our catalogue of demulcents and emollients. Dr. LYLE uses the root, though the whole plant abounds with the mucilaginous principle. He regards the mucilage as superior to that of the *Cactus Opuntia* or the *Ulmus Fulva*. He employs it internally in cases in which demulcents are indicated, and externally in the form of cataplasms, ointments, etc. Why might there not be an officinal ointment prepared from it—*Ung. Malvarisci*—to occupy the place of the *Ung. Althææ* of the British pharmacopœias, which is certainly a useful preparation. [*Med. and Surg. Rep.*

CHLORIDE OF SODIUM IN CHRONIC ULCERATION OF THE CORNEA.

M. TAVIGNOT states that since he first recommended this substance in 1843 he has met with numbers of cases, all exhibiting its remarkable efficacy. His formula is 15 parts of the chloride to 125 of filtered water. [*Moniteur des Hôp.* 1858, No. 152.]

REVULSIVE TREATMENT OF CHRONIC AFFECTIONS OF THE EYE.

This, when properly applied, M. TAVIGNOT regards as a valuable adjuvant. He employs two kinds simultaneously—1. A *cutaneous* revulsive, of which the following is the formula: Resin, yellow wax, of each 100; turpentine, 50; powdered euphorbium, 25; powdered cantharides, 15; and croton oil, 5 parts. This is less painful than anti-

monial revulsives, and may be kept applied to the nape if both eyes are effected, and behind the ear if only one, for two or three weeks, without inducing excessive irritation. 2. The *mucous* revulsive is formed of—powdered iris, 25; calomel, 4; and camphor, 2 parts. This is used as snuff five or six times a day, after blowing the nose. It excites the pituitary membrane very advantageously in nervous affections of the eyes. [Moniteur des Hôp. 1858, No. 152.]

NEWS ITEMS.

The New British Pharmacopœia is being prepared by the Medical Council. At present there exists three works of the kind, under directions respectively to the Colleges of Physicians of London, Edinburgh, and Dublin, producing a confusing diversity in pharmaceutical practice. The object is now to reconcile these inconvenient discrepancies, and produce a uniform national pharmacopœia.

Much temporary annoyance, it is believed, will be produced by the change, but the result will be satisfactory, and will create a uniformity which has been much needed.

It has been decided to adopt the Avoirdupois weight instead of the Troy weight, or Apothecaries' weight, and the work will be published in the English language instead of the Latin.

Some of the standard medical authorities have recently been translated into the Chinese language by Dr. Hobson. They include works on the following subjects: Philosophy and General Anatomy, Surgery, Diseases of Women and Children, Medicine and Materia Medica, and on General Science. Some of these works have created great interest in them, and have been re-published by Chinese Mandarins, and widely circulated over China and Japan. The medical works of the Chinese show them to be totally ignorant of medicine as a science. Anatomy has never been studied, and they do not comprehend the circulation nor the functions of the viscera. It is believed that this series of treatises will spread much useful information among their practitioners, and induce attention to medical science.

A company of Virginians are now erecting warehouses at various points in the big woods, near Minneapolis, Minnesota, fitted up with the necessary apparatus for curing ginseng. They intend to go into the business on an extensive plan. From 50,000 to 60,000 pounds will be gathered this year, which will net the diggers some sixteen thousand dollars. We export ginseng to China.

In St. Louis, stereoscopic pictures have recently been taken of different dissections of the muscles, by Mr. J. P. SOULE. He has already prepared a number of these, and proposes to continue the series and prepare views of the arteries, &c. The pictures are very beautiful, and should the artist succeed in coloring them satisfactorily, their value will be greatly enhanced.

The Emperor Napoleon has decreed a statue of Humboldt to be placed in the gallery at Versailles.

In Paris, England, and Genoa, the number of deaths by suicide appears to be about four per cent. of the whole deaths. And as in the *whole of France* the proportion of registered suicidal deaths equals only one per cent., it is evident that three-quarters of these deaths escape official notice altogether.

DR. AUSTIN FLINT, Jr., Editor of the *Buffalo Medical Journal*, has been appointed to the chair of Physiology and Microscopic Anatomy in the Medical Department of the University of Buffalo, and Dr. SANFORD EASTMAN has been appointed Professor of Anatomy in the same University.

Honors are falling thick on Sir BENJ. BRODIE, states a recent No. of *London Medical Times*. Last week he was elected President of the Medical Council; this week President of the Royal Society. He stands in a higher position than any surgeon has ever attained in this country.

LUDOVIC HIRSCHFIELD, the author of the beautifully illustrated work on the nervous system, and formerly *chef de clinique* at Hôtel Dieu, Paris, has been nominated Professor of Anatomy at the Medico-Chirurgical Academy of Warsaw.

The mortality from small-pox has, by the general adoption of vaccination, been reduced from its proportion of 1 in 10 of the entire mortality, to 1 in 2,378.

The amount of Otto Rose, imported by England during the four years 1854 to 1857, inclusive, was over eighty-six thousand ounces, or two tons and a half.

There are forty-two Medical Colleges in the United States; from which there graduated, of the Session 1858-9 over *fifteen hundred*, from an army of nearly five thousand students.

SCANZONI received twenty-five thousand dollars for obstetrical services to the Empress of Russia.

In a town of Wurtemberg, a Mr. HELGARD has established a printing house, which is carried on solely by 160 deaf and dumb individuals.

It is suggested that when doctors fight duels, the weapons used should be pills.

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Original Communications.

ART. XVIII.—Selections from Surgical Notes.

BY MOSES GUNN M. D., Prof. Surg. in the University of Mich.

CASE I. *A Novel Case of Strangulated Femoral Hernia.*—September 12th, 1857, Mrs. W., of Oakland Co., then upwards of sixty years of age, required an operation for the relief of strangulated femoral hernia. The contents of the hernial sac had been down for ten days, during which period she had not had a passage of the bowels. The hernia had existed for some years, but was of moderate size, though it had, in the present descent, advanced to the third stage; viz., the protruding viscus had curved forwards and upwards, and was lying over Poupart's ligament. The patient was suffering at times from violent pain, and for two days had vomited stercoraceous matter. She was evidently failing in vital power, though there were no signs that mortification had taken place.

Repeated efforts at reduction by taxis had failed, and

excited exquisite tenderness of the parts; I was not inclined, therefore, to renew the proceeding. Resort was, consequently, had to the operation of dividing the stricture; this was made in the usual way, the steps of which it is not necessary to repeat. A large knuckle of intestine composed the whole contents of the hernial sac; and this was very much congested, though in no degree gangrenous.

Immediate relief succeeded the operation. Vomiting ceased, and a pleasant night's rest ensued. An aperient dose of castor oil was ordered the next morning. Twelve hours subsequently (twenty-four after the operation) vomiting recurred, and soon became stercoraceous. Injections were ordered, and repeated sundry times, but without effect. The vomiting continued, the pulse became feeble and frequent, and dissolution seemed at hand.

On the second morning subsequent to the operation, no evacuation had been had, and the patient was deemed moribund. Shortly after, a very copious discharge from the bowels took place, to the great relief of the patient, who now rallied, and became convalescent. This was on Monday morning, at eleven o'clock—forty-one hours subsequent to the operation. Daily evacuations occurred until Saturday, when the wound in the groin re-opened, and a fecal discharge from it took place! During the balance of the patient's life, which continued for a year longer, with a comfortable degree of health, evacuations occurred, both through the artificial anus and *per viam naturalem*. Disinclination, on the part of the patient, alone, prevented a resort to an operation for the relief of this disgusting condition of the groin.

What produced a recurrence of the stercoraceous vomiting, and other signs of strangulation, after the relief of more than twelve hours which succeeded the operation?—what delayed the operation of the cathartic?—what was the pathologic condition which finally permitted free daily evacua-

tions, and, after five days, resulted in a re-opening of the wound, and, through it, a fecal discharge?—are questions which afford ample opportunity for conjecture; but I confess that, as yet, I have been unable to satisfy my own mind as to the truthfulness of any which has been suggested to me.

CASE II. *Descent of a Hernia through a Congenital Passage for the first time after Thirty Years of Age.*—In the fall of 1848, I reduced, by taxis, a hernia which had been down some fifteen hours. The case occurred in the person of a medical gentleman of (I believe) thirty-five years of age. The first descent of the hernia had occurred only two or three years previously. There was nothing remarkable to be observed in the case. On the 12th of December, 1852, I was summoned to attend the same patient for the same malady. This time, I found the hernia strangulated, and the patient in a very critical condition. I did not, consequently, long persist in efforts to reduce by taxis, but soon had recourse to the knife. On laying open the sac, which was done very freely, and reducing the prolapsed intestine, I was surprised to see the testicle lying very cosily in the sac, as I pushed up the scrotum, in the act of returning the hernia! On examination, the hernial sac was found to be composed of the tunica vaginalis;—in fact, the anatomical relations were identical with those of congenital inguinal hernia. The hernia had occurred by the descent of the intestine through a congenital passage. Anatomically considered, it was a congenital hernia, though occurring for the first time after the patient had passed the thirtieth year of age.

After the descent of the testicle, it is probable that the connecting passage between the general peritoneal cavity and the tunica vaginalis had become very greatly narrowed, but not, as is the natural course, completely obliterated.

Through this narrowed passage, the hernia was, at last, forced; thus producing the novelty which may be called a congenital hernia occurring after thirty years of age! A hernia is termed congenital when it occurs through a congenital opening, whether it exist at birth, or shows itself a week subsequently. The difference in time, in this case, was only the trivial little matter of thirty years.

87 SHELBY ST., June 18th, 1859.

ART. XIX.—A “Criticism” Criticised.

By O. C. GIBBS, M. D.

A VERY amiable M. D., J. A. BROWN, of Kankakee, Ill., perpetrates a double criticism, at our expense, of some five pages, in the June No. of the *Peninsular and Independent*. In the November No. of that very excellent monthly, we reported a case of obstruction of the bowels, finally overcome by a copious enema, that, by its mechanical action, we supposed replaced an *intussuscepted* portion of intestine. Dr. J. A. BROWN has incubated upon that case for six months, and finally brought forth a criticism, which, in spirit, we should consider wholly unworthy of notice, did not our Kankakee friend misunderstand or misrepresent us.

The talented critic, with great condescension, thinks our article was “well-intended,” but he thinks we “seem to manifest more of an inclination to say something in the *Journal* than to communicate any new fact.” Now, for the information of our amiable friend, we would say that we made that report as short as was consistent with a well understanding of the case,—omitting many minor details; our object being simply to add another case of intussusception rectified by mechanical pressure from below, with the intent of urging an earlier resort to *such* means, instead of

trusting to *worse than useless cathartics*, which our critics advise to the contrary notwithstanding.

May we be permitted to inquire what "new fact" Dr. BROWN'S five pages are calculated, or rather intended, to impart? After searching it carefully, we can see none, save that he has self-conceit enough to suppose that *he*, in his wisdom, is better qualified to diagnosticate and prescribe for a case hundreds of miles away, than *we*, with the patient before us, aided, as we were, by the best counsel in Western New York.

As the Doctor is somewhat exercised over what seems to him our vain desire to appear in print with nothing to say, we trust we may be permitted to refer him to files of *Rankin's Abstract*, *Braithwaite's Retrospect*, *The British and Foreign Medico-Chirurgical Review*; the editors of which journals have been silly enough to consider some of our "well-intended" articles as worthy of being re-printed in their respective journals. If Dr. BROWN will send those weak-headed editors his criticism, they will doubtless repeat that foolish thing no more.

We pass over the criticism upon our first article, remarking, simply, that if Dr. DuBois felt himself aggrieved by our article, he is abundantly able to defend himself. We then disavowed all intent to criticise—making Dr. DuBois's article a text for a few remarks of our own—never dreaming that every medical article must suggest a *new* remedy. Did it never occur to our learned critic, that, though Doctors agree in regard to the *proper* remedies in a given case, they may honestly differ in regard to their *proper* use?

Our critic makes merry, and puts in requisition a few unnecessary exclamation-points, because, from the appearance of the patient and the general symptoms, we, at first, and before a full examination of the case, *suspected strangulated hernia*. If Dr. BROWN has never seen or heard of

cases of strangulated hernia, where the patient was ignorant of the fact, or unwilling to confess it, he had better, in our judgment, lay by his pen-critical and resume his study of elementary works. In the very first work we lay our hands upon, we find the following :

“In every case of sudden and violent vomiting and cholic, the bend of the thigh should be well examined, and inquiries should be made for any tumor about the abdomen—*because the patient may have been laboring under hernia for years, and yet from IGNORANCE or mauvaise honte, may not mention it.*”

Had Dr. DRUITT been as wise as our Kankakee critic, he, probably, never would have penned so foolish an item of direction.

With a flourish, our critic wants to know—

“What tyro in medicine, . . . would not readily have *predicted* [diagnosticated is the word] the real difficulty, viz., peritoneal inflammation”?

For the benefit of our learned friend, we confess we were just the tyro that, at *first*, could do no such thing. The bowels were *soft* and *painless*, excepting a spot that could be covered with the palm of the hand, in the region of the ilio-cæcal valve. We could not diagnosticate intussusception even, for we lacked the evidence; but we did diagnosticate inflammation of that limited portion of the intestine denominated the cæcum, and predicted obstruction.

With another flourish, our critic asks :

“What, we ask, in the name of reason, could it have been but peritonitis?”

Guided by such reason as is vouchsafed to us, we have registered our opinion above.

Our critic finds fault with us for giving opium at first, instead of bleeding and giving an “efficient and reliable cathartic.” Supposing the case to have been peritonitis, as

Dr. BROWN supposes, Dr. WATSON condemns cathartics at first in such cases, and quotes, in illustration, a case nearly cured by opium, in the hands of the celebrated Dr. STOKES, and finally killed by a cathartic, and remarks :

"This example puts in a very strong light the *good* effects of *opium*, and the *dangerous* effects of *purgatives*."

But Dr. WATSON was but a rush-light, when compared with our Kankakee medical luminary.

Will Dr. BROWN remember that our patient was advanced in years ; that the countenance was haggard ; that she was extremely prostrated ; pulse weak, soft, and 120 per minute ? Bleeding was not not to be thought of, at least general bleeding. The Dr. would do well also to remember that vomiting was a prominent symptom from the first—severe and persisting—soon becoming stercoraceous, and continuing until the obstruction was overcome. In such a case, active cathartics would only have increased the patient's sufferings, aggravated all the symptoms, and greatly increased the hazard. In such cases, Dr. WATSON says, "To persist in the use of drastic purgatives, is to inflict wanton and needless torture upon the patient." In our humble judgment, if there was intussusception, cathartics were worse than useless ; and, if not, our best hopes lay in first *quieting the stomach*, so that it would not *reject an efficient cathartic*. If our critic knows of anything better for the accomplishment of this end than opium with small doses of calomel, will he please oblige us with the result of his experience.

Our critic seems to forget that cathartics, consisting of an infusion of senna and salts, were repeatedly given *per rectum*. Dr. BROWN charges us with neglecting the use of efficient cathartics. When every means failed to procure relief, and death was imminent, though we were firm in the faith that we had a case of intussusception to deal with, and

as in that case hope was almost null, we were bound to hope at least that our diagnosis might be wrong, as a *dernier resort*, with death staring us in the face, we gave the cathartic powers of calomel a full, and even rash, trial. If we rightly remember (we have sent the *Peninsular and Independent*, for 1858 away to be bound, and have not our article before us), ten grains of calomel were given every three or four hours, for two days. What more would our friend require of us? In our judgment, this would have been imprudent and uncalled-for at first, but was justifiable at the time such treatment was brought in requisition. Our physicking advocate should remember that even this, aided by purgative enemata, failed entirely to produce alvine evacuations, until the intussusception was removed by mechanical means, which our critic vaguely insinuates was inhuman. To this insinuation, we oppose our humble conviction that the purgatives which he so strongly urges, were worse than useless, and if anything deserved such a cognomen, that treatment was most certainly it.

To show Dr. BROWN'S unfairness, to say nothing of dishonesty, we make the following quotation, in which he says we

“used *solid opium* for three or four days together, with little or nothing else; and indeed, nothing else in anything like sufficient quantities to produce catharsis.”

Now, on the *second* day (not the fourth), we said, “The treatment was continued, the opium in *diminished*, and the calomel in *increased doses*.” From aught that is stated, and for aught that Dr. BROWN knows, calomel *might* (though we aver it was not) have been used in teaspoonful doses, so early as the second day; yet our fair, honorable, and learned critic avers—upon what authority we know not—that for *four* days we used nothing but solid opium!

Dr. BROWN flourishes, with manifest satisfaction, what he supposes is an inconsistency, and exclaims: “Now, is

there not great incongruity just here?" We answer Yes, *in the critic's conception*, not in our statement.

The difficulty was a *local* intestinal inflammation, caused by the intussusception at first, and it is not *improbable* (which is all that was stated) that the local inflammation extended to the peritonæum, and, in time, became more or less general peritonitis. When the *cause*, the intussusception, was removed, the *consequences* had progressed beyond the point of curability. Our obtuse perceptions fail to see the incongruity.

To the no small discomfiture of Dr. BROWN, we would say that the patient experienced none of the peculiar effects of opium; it is probable that it was nearly, if not entirely, rejected by the frequent and persistent vomiting. "Large linseed cataplasms, saturated freely with the *oleum terabinthenæ*," were early and persistently used. Our critic says, if we had resorted to "copious blood-letting and a brisk cathartic" early, "the result might have been different." Of this we have no doubt—the patient *might have died several days sooner!* As somewhat explanatory upon this point, we would say that for the last three years, in this locality, all diseases have assumed a typhoid type. Pneumonia, for instance, has only been successfully treated *without* blood-letting, and with the early use of quinia.

Asking pardon of your readers for occupying so much time and space, we now take leave of Dr. BROWN, kindly reminding him that, before he attempts another criticism, there is an old adage that it would be well to remember—"Be sure you are right, and then go ahead."

FREWSBURG, N. Y.

ART. XX.—Two Cases of Strangulated Hernia : Operation and Result.

By Z. E. BLISS, M. D.

CASE I. *Strangulated Inguinal Hernia of Left Side: Operation and Recovery.*—February 4th, 1859, I received a note from my friend Dr. CORNELL, requesting my assistance in a case of strangulated hernia. My friend DR. WILSON consented to accompany and assist me. We found the patient, Mr. E——, laborer, aged 45, suffering from a strangulated inguinal hernia (oblique) of the left side, of thirty-six hours' standing.

Previous History.—Twenty years ago received a fall, producing hernia on either side; has never wore any support but a bandage and compress, and at intervals nothing. Three years ago, the intestine came down, and becoming strangulated, his physician, Dr. CORNELL, by bleeding, ice locally, and taxis, succeeded in reducing it.

Condition Thirty-six Hours after Strangulation commenced.—Restless, pulse one hundred, occasional stercoraceous vomiting, countenance anxious; scrotal tumor of left side, ten inches in circumference, somewhat elastic, discolored, and tender to the touch.

Taxis had been thoroughly tried three times, with patient under the influence of chloroform; anodynes internally, and ice to the tumor. After a consultation, the patient was placed in a proper position, chloroform given, and uninterrupted taxis continued for one hour, with no perceptible change in the tumor. After a second consultation, the patient was given time to rally, and again placed under the influence of chloroform, at which time, being assisted by the above named gentlemen, I made an incision three and one-half inches in length, corresponding with the upper border of Poupart's ligament, and dissecting (by an artificial light) down to the sack, opened it, and a quantity of serum

escaped. The intestine presented a dark purple surface. The stricture being divided, two or three bands of adhesion were found between the neck and stricture, at the lower and inner border, which being broken up, the tumor was returned.

A few stitches, cold water dressings, and a compress, completed the whole, and I left him in charge of his physician; who has since informed me that anodynes were given, and, on the fourth day, the dressings were for the first time removed, when union by first intention had taken place through nearly the whole wound, and on the same day there was a spontaneous movement of the bowels. No unpleasant symptoms occurring, in three weeks he was able to resume business. He was directed to wear a compress for several months.

CASE II. *Strangulated Femoral Hernia of Right Side: Operation, and Death.*—June 11th, 1859, I received a summons to meet Drs. DODGE, of Palo, and LEONARD, of Greenville, in consultation, at the residence of Mr. B——, in Montcalm county.

Mr. B——, aged 42, a laborer, says a tumor has made its appearance in the right groin, at intervals for the last seventeen years. June 9th, he had been ‘lifting, heavily,’ the tumor came down, appeared larger, and became painful. His physicians were sent for, and the usual means of reduction, such as taxis with its auxiliaries, cold to the tumor, anodynes internally, and tobacco enema; but all availed nothing.

I first saw the patient fifty hours after the commencement of strangulation, countenance sunken and expressive of great anxiety and suffering, pulse 125, and occasional stercoraceous vomiting. The tumor, five inches in circumference, lay over Poupart’s ligament.

As the strangulation was of long duration, and taxis

had been thoroughly tried, an operation was deemed the only alternative. Accordingly ether and a little chloroform was given, to full anæsthesia, and, assisted by the above mentioned gentlemen, I proceeded making an incision, about three and one-half inches in length, corresponding with the inferior border of Poupart's ligament, and, dissecting up the different layers, exposed the sack, and opening it found firm and extensive adhesions between it and its contents, which was not further disturbed. The stricture was divided, also the sac at the seat of stricture; and there being no contra-indications, the whole was reduced. At this stage, the extremities became cold, and their arteries pulseless; a cadaveric countenance, abdominal respiration, and slow pulsation of the carotids, all told too plainly of what was likely very soon to follow. A current of air, ammonia to the nostrils, dashing of cold water upon the face and chest, alternated with friction and flagellation, and friction to the extremities, were instantly resorted to, but the patient ceased to breathe. MARSHAL HALL's ready method was now tried, and continued with the above mentioned auxiliaries, for eight or ten minutes, when I had the good fortune to see the patient rally, who, without this timely means, must have died under the operation. A few stitches were made, and a compress and cold water dressings applied to the wound. In one hour, the patient had sufficiently rallied to express himself comfortable; pulse, 65.

I left him in charge of his physician. Stimulating doses of morphine were to be given every two or four hours; and if he sank, brandy and opium.

The following is from Dr. DODGE: Three hours after the operation, pulse 70, and fuller. One-eighth grain of morphia acetat. Patient fell asleep, and in three hours awoke with great præcordial distress; pulse rapid and feeble. Brandy and opium. Patient sank rapidly, and in three hours (it being nine after the operation, and fifty-nine from the commencement of strangulation) expired.

It is quite likely that this man died from peritonitis, or from the shock to the system occasioned by the operation; but probably from both. I think that a single incision is quite sufficient for all practicable purposes, and gives ample room for all necessary manipulations around the neck of the sac (provided the tumor is not large—and which we know is seldom the case in Femoral Hernia), thereby doing less injury to the parts, and leaving less surface to unite.

IONIA, June 29th, 1859.

ART. XXI.—Treatment of Chronic Conjunctivitis—A New Agent.

By F. RICE WAGGONER, M. D.

CHRONIC CONJUNCTIVITIS, when a sequel of an acute inflammation, is of indefinite duration. In our Prairie State and southwestern district, we frequently meet with cases of three, four, and five years' duration, and not unfrequently it runs into tens of years. In all cases, the conjunctiva is granulated, and more or less thickened. In one case that came under my observation, the conjunctiva and lids were thickened to twice their normal condition; the case being one of thirty-five years' standing. As every practitioner, who has tried his skill upon it, too well knows, this form of Ophthalmia is one very difficult to treat successfully, and often he is pained to see his patients fall into the hands of unmerciful quacks, to have their eyes injured tenfold, and their pockets drained of often hard earnings.

During my pupillage, I was taught a mode of treatment not common to the "books," nor do I think to the Profession at large, which I desire briefly to submit.

Treatment.—After correcting their general health, if deranged, I require my patients to attend my office twice per day, morning and evening. First application is a small (one

sixteenth of a grain) quantity of sulph. morphine, dissolved in pure water, and applied with a camel's hair brush; this treatment to be continued for one or two days, until all irritability is allayed. In turn follows acetat. plumbi, sulph. zinci, acetat. zinci, sulph. cupri, and nit. argent. This constitutes my *Materia Medica*.

Experience has taught me that the mucous membrane of the eye will not tolerate any one application more than twice or thrice without positive damage to the organ diseased; hence the secret of successful treatment.

In the application of our remedies, the milder astringents should be used until the active phlogosis is all subdued; then follow with the more active agent, which should be applied with care, and never be so strong as seriously to irritate the organ; but use them generally in succession, governed by the stage of the inflammation, when, sooner or later, our patient's malady progresses to a termination—generally within six or eight weeks.

The case referred to in this article who had been a subject of the "sore eyes" for the majority of her days, was treated by me on this alternating plan, and a cure effected in ten weeks.

Latterly I have incorporated in my *Materia Medica* the *iodide of zinc*, the effects of which have proved salutary beyond all anticipation. This drug is passed over in all of our standard works on Therapeutics, in almost profound silence. In no case, in which I have observed its effects in the treatment of Ophthalmia, has it deserved, in my humble opinion, a place second to any other remedy. In one scrofulous case, it acted like a charm.

Will not the Profession give attention to this very deserving agent, and more fully prove its worth?

OCCONEE, Ill.

ART. XXII. — Meteorological Register for Month of June, 1859.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date	Barometer.			Hygrometer			Force of Vapor in Inches			Relative Humidity			Winds — Direction and Force.				Fall of Rain.	
	7 A.M.	2 P.M.	9 P.M.	7	2	9	7 A.M.	2 P.M.	9 P.M.	7	2	9	7 A.M.	2 P.M.	9 P.M.	7 A.M.	BEGAN.	ENDED. INCHES.
1	28.80	28.85	28.88	56.68	50.50	62.45	.282	.476	.181	.62	.69	.43	N.W.	2 N.W.	2 N.	1	8.30 p.m.	.13
2	28.90	28.95	28.98	62.75	57.57	64.50	.399	.449	.282	.71	.51	.62	N.W.	2 N.W.	2 W.	1		
3	29.04	29.12	29.15	64.76	57.57	65.57	.373	.470	.386	.62	.52	.67	S.W.	2 S.W.	2 S.W.	2		
4	29.18	29.20	29.20	58.69	51.51	59.50	.282	.367	.255	.58	.51	.52	S.W.	2 S.W.	2 S.W.	1	6.15 p.m.	.04
5	29.18	29.15	29.12	62.75	54.54	67.56	.312	.554	.369	.56	.63	.66	S.W.	2 S.W.	2 S.W.	1		
6	29.08	29.15	29.18	56.74	50.50	64.47	.282	.462	.204	.62	.55	.55	N.	1 W.	2 W.	2		
7	29.18	29.20	29.08	64.90	52.52	68.56	.229	.389	.336	.38	.27	.53	W.	1 W.	2 S.W.	3	6.35 p.m.	.03
8	28.95	29.10	29.15	66.72	54.54	58.55	.259	.296	.340	.40	.37	.61	S.W.	3 S.W.	3 S.W.	2		
9	29.25	29.20	29.25	56.71	50.50	56.52	.282	.250	.216	.62	.33	.35	S.W.	2 S.W.	2 S.W.	1		
10	29.30	29.30	29.30	55.72	46.46	58.51	.182	.296	.229	.44	.37	.41	W.	2 S.W.	2 S.W.	1		
11	29.30	29.32	29.28	58.70	44.44	62.48	.104	.449	.203	.21	.61	.42	W.	2 S.W.	2 S.E.	1		
12	29.28	29.32	29.15	64.78	51.51	64.60	.202	.409	.411	.34	.42	.60	E.	2 E.	2 S.E.	2	8. p.m.	1.40
13	29.18	29.24	29.20	74.85	68.68	64.60	.604	.315	.385	.72	.26	.52	S.E.	2 S.E.	2 S.	1	1.20 a.m.	
14	29.20	29.15	29.10	72.88	61.61	72.60	.390	.569	.438	.49	.43	.68	W.	2 W.	3 W.	1	11. a.m.	.13
15	29.08	29.00		54.84	48.77	62.56	.832	.489	.61	.71	.74	.84	S.W.	2 W.	3 W.	1	1.25 p.m.	
16				52.75	57.47	61.54	.257	.350	.285	.66	.40	.47	W.	2 S.W.	2 W.	1		
17				64.74	57.57	58.56	.373	.290	.343	.62	.32	.57	S.E.	2 S.E.	2 S.W.	1		
18				72.76	61.61	60.58	.390	.305	.389	.49	.34	.63	S.	1 S.W.	2 S.	2		
19				57.77	54.54	62.57	.378	.356	.359	.81	.38	.58	S.W.	1 W.	2 W.	1		
20				68.76	61.61	59.55	.443	.274	.314	.64	.30	.52	S.W.	1 W.	2 W.	2		
21				64.75	56.56	58.54	.343	.256	.245	.57	.39	.37	W.	2 W.	2 S.W.	1	6.30 p.m.	.05
22				58.74	51.51	59.53	.282	.300	.270	.58	.35	.47	S.E.	2 S.W.	2 S.W.	1	7.15 p.m.	.06
23				67.78	52.52	38.55	.190	.217	.274	.28	.22	.41	S.W.	2 S.W.	2 S.W.	1	12.30 p.m.	.04
24				65.76	54.54	62.60	.272	.369	.425	.44	.41	.64	W.	2 S.W.	2 W.	1		
25				67.80	57.57	64.58	.333	.382	.376	.50	.37	.55	W.	2 W.	2 S.W.	2	1. p.m.	.02
26				72.86	60.60	72.59	.358	.596	.340	.45	.48	.44	W.	2 S.E.	3 S.E.	2		
27				78.92	62.62	74.67	.342	.596	.474	.35	.39	.44	S.E.	1 S.W.	3 S.E.	2		
28				81.92	69.78	78.68	.510	.768	.497	.48	.51	.44	S.E.	2 S.E.	2 S.E.	2	8.5 a.m.	.13
29				78.88	74.54	79.74	.792	.868	.758	.84	.65	.74	W.	2 S.W.	2 S.W.	2	12. m	.26
30				58.72	50.60	64.55	.255	.489	.393	.52	.62	.81	S.E.	2 W.	2 S.	1		

Barometer Broken.

Bibliographical Record.

MEDICAL HEROISM. Address before the Philadelphia County Medical Society. Delivered February 24th, 1859, by JOHN BELL, M. D., at the close of his official term as President. Published by order of the Society. Philadelphia. 1859. 38 pp.

MEDICAL HEROISM! Is there really such a thing? The world knows nothing of it. Who ever talks of such a thing? Who ever disconnects the idea of heroism from feats of "broil and battle"? Who ever thinks of seeking for true courage in the much despised, often ridiculed, and very generally unrequited vocation of the Medical Practitioner? Does History, in the discharge of her duties, rake up for record instances of heroism from such a despised source? Does the Novelist, as he ransacks history, or scrutinizes society from palace to hovel, for material, ever dream that "Doctor" of his story can figure in any other than a ridiculous attitude? Is there truly anything in the actions of medical men that is heroic? Is the "Doctor" ever the hero of anything save a nauseous draught or a petty professional quarrel? Alas! that the world generally can ask these questions in the utmost sincerity. Alas! that the Profession must sound its own praise, or never hear it. Alas! that it was necessary for our author, in addressing his brethren upon the subject of Medical Heroism, to hold the language that he does.

Medical Heroism is not a myth. Every practicing physician has often braved danger, without hope of reward,

either in money or fame. But it is not strange that the world does not fully appreciate this fact. It is too common to be noticeable. But when pestilence walketh abroad, and startled communities fly from the scene of danger and death—when ties of friendship or blood are not strong enough to retain the fleeing one, to smooth the dying couch and administer the cup of water to the loathsome relic of friend or brother—who stand firm, and faithfully discharge duties which are now heroic in their nature? Not only so; but when the ranks of these brave men are thinned by the enemy which they so determinedly battle, who step in to take their places? Who leave home and friends, to fly to the rescue? *Medical Men.* Is it not strange that such deeds do not live in history? PERRY lives in the hearts of his countrymen, and monumental fame will be his; but will admiration or gratitude ever call up and perpetuate the names of those brave men who volunteered and fought the cholera in Sandusky, with a courage unsurpassed, and a determination in which “Don’t give up the ship” was written in acts of love and mercy? The two are neighboring scenes: one is already sacred; will the other ever become so? Will the Medical Heroes of Norfolk live in history? Yet deeds of bravery were there enacted such as were never witnessed on battle-field. No short-lived excitement moved those men, but for weeks they coolly faced the enemy, until they finally fell in action, or were permitted to share in victory.

But let us hear from Dr. BELL himself.

The medical hero in Christian lands is not to be sought for in courts or in camps, nor in the busy and crowded haunts of the wealth-seeking; he is not on the Rialto or the Exchange, nor prominent at the polls; he is neither a demagogue, inflaming the passions of the multitude, nor a parasite, flattering the prejudices of the rich, or ministering to the caprices of those in power. He seldom finds a place in pageant or in festival; seldom is called upon to add his voice to the peans of victory. He passes through the crowd often unknown

uncared for, unless indeed it may be when he meets the face of one radiant with smiles, whom he had visited but a short time before, prostrate on the bed of sickness, or hears his name uttered by another in a tone equivalent to saying, "God bless him!"

But in what terms, by what epithets shall we designate him who, without any such genial incentives, without any expectation of possible reciprocity, or hope of applause, and certainly without any of the returns for self-exposure which men might expect from men, goes about from day to day, and often too in the silent watches of the night, in a spirit of self-sacrifice of ease, comfort, health, and life itself, ministering relief to his pestilence-stricken and fever-tossed fellow-creature, the inmate, it may be, of a garret or a cellar of some wretched tenement, in an affected court or alley, the approach to which is by a narrow passage, obstructed by accumulations of all kinds of refuse and impurities? Is this man a soldier, inured to scenes of carnage and death, whose vocation makes him regardless of danger, and who, although he may be detailed on the forlorn hope, knows that if he fall, his name will be recorded in the Gazette, and his wife and children receive perhaps a pension? Or is he a salaried official, who, for a certain pecuniary return and perquisites, is discharging a prescribed and covenanted duty? Oh, no! This simple-minded man, who goes about his duty for duty's and humanity's sake, is only a *doctor*, one of a class at whom every wittling is privileged to fling a sarcasm, and whom every venal quack may accuse of selfishness, and greediness of gold.

"During the famine fever of 1847 in Ireland, one hundred and seventy-eight Irish medical practitioners, exclusive of medical pupils and army surgeons, died, being a proportion of nearly seven per cent., or one in every 1·5 medical practitioners, in a single year." Some persons may say that physicians who thus expose themselves, and who pay the penalty of death for their exposure, are encouraged by the expectation of pecuniary advantage in the shape of fees. We must all wish that they had such inducements; they could readily afford to forego a part of their reputation for benevolence and disinterestedness, in consideration of their receiving that by which they could support their wives and children, or an aged parent, or a lone sister. But it so happens, that in all epidemic and pestilential diseases, the chief privations and dangers incurred by medical men are in their attendance on the poor, the needy and the destitute, and not seldom the dissolute, who have no claim on them by prior acquaintance or the most trivial service, and from whom they receive no fees, and often no thanks, or the slightest token of gratitude.

The greater part of the mortality among the Irish physicians was caused by their attendance on hospitals, and on the poor and half-

starved occupants of cabins and hamlets, the air of which was often in such a state of concentrated virulence as to strike on the nervous system with almost the force and suddenness of the electric aura. And shall no page in history, no lines in poetry, celebrate the heroic deeds of these devoted men, who must have battled with a stouter heart against an unseen enemy than LEONIDAS and his Spartan band against the Persian host, or the Light Brigade in its daring and rash charge on the serried Russian lines at Inkermann? These heroes of humanity ought to be honored with a monumental inscription, even though it were couched in as brief phrase as that over the remains of the Athenians under MILTIADES —

“They fought at Marathon.”

Dr. BELL alludes also to the New York physicians who fell, a few years since, in attending upon newly-arrived emigrants. He refers at length to the plague of Marseilles in 1720, and the yellow fever of Philadelphia in 1793. Of Dr. BENJAMIN RUSH, who was active in the latter, he says :

In the history of the war of the Revolution, Dr. BENJAMIN RUSH, as one of the signers of the Declaration of Independence, and Physician-General to the army, will always figure with the other worthies of that momentous period. But in the history of philanthropy he will occupy a still higher place, as one of the medical heroes who won his honors and enduring fame in the trying year of 1793, and in the other epidemic invasions of the yellow fever during the next twelve years. The fever of 1798 revived the terrors and the mortality of 1793, and, at the same time, gave opportunities for a display of heroic devotedness on the part of the physicians similar to that manifested in the latter year.

The following selections contain a good illustration of the difference in the courage which is shown on the battle-field and that which faces pestilence ; and also a fine instance of courage, devotion, and zeal :

Still more animated must have been the feeling of the whole French army in Egypt under NAPOLEON, or, as he was then more commonly called, BONAPARTE, towards the chiefs of the medical and surgical staff. The troops, after witnessing the ravages of the plague, became alarmed and disheartened ; and men who had never feared an enemy in the field of battle, now shrank with horror from the touch and breath

of a sick companion in the quiet tent. To the General, such a state of things was worse than the loss of a battle. In vain were the soldiers told that their fears were without foundation; in vain were they addressed in the language of encouragement and hope. Something must be done, either to change their belief or to appeal strongly to their imagination. Accordingly, NAPOLEON himself conversed freely with the patients who were stricken with the plague, and touched their bodies, and even sometimes performed the part of a nurse by raising them up, and supporting them in their beds, in order to prove that there was no danger, and that the disease was not contagious. These traits of cool courage are recorded by every historian of the wars of the French Revolution; but few have thought it worth while to notice the more daring exploit of DESGENETTES, one of the physicians of the army of Egypt. He not only touched and handled the bodies of those who had sickened with the plague, but he inoculated himself with their blood and other fluids. On another occasion, after BERTHOULET had expressed his belief that the poison of the plague was conveyed into the body by means of the saliva, a patient, dying of this disease, begged that DESGENETTES would take a part of what was left of the draught that had been prescribed for him. Without hesitation, or betraying the slightest emotion, DESGENETTES took the cup from the sick man, filled it up, and drank its contents entire.

If we believe that the design of the two—the military leader and the physician—was the same at this time, viz., to infuse confidence into the minds of the soldiers, it is not difficult to decide to which of them should be awarded the palm for this daring exposure of his life. NAPOLEON felt that all his prospects of conquest and fame would be clouded unless he could restore the sinking courage of his army; and hence he readily incurred some danger to secure so important an end. DESGENETTES was buoyed up by no such aspirations. His incentives were humanity and a search after truth. Why not make this fine trait of the physician more prominent than that of the soldier in a school history? A small volume, consisting of incidents of this nature, might be prepared and introduced into the public schools. I would offer some additional facts and reflections, in the way of contributing a chapter to a work of this kind.

While French medicine was thus represented in Egypt by the calm and self-possessed DESGENETTES, who was at the head of the medical staff, French surgery shone with, perhaps, still greater lustre in the person of the eminent LARREY, who, by his invention of the light ambulance for carrying off the wounded from the field of battle, won the affection of the soldier, and by this act alone becomes entitled to honorable mention in the annals of philanthropy. From the burning sands of Egypt, to the ice-bound rivers and snow-covered plains of Russia, in Poland, in Prussia, in Saxony, in Austria, in Italy, in Spain, and in

France itself, LARREY not only encountered all the vicissitudes of climate and season, and the hardships incident to camp-life, but he was constantly engaged in the discharge of his arduous duties as field and hospital surgeon, fearless of personal risk, and intent only on affording the promptest relief to those placed under his care. He did not wait at a safe distance from the field of battle for the wounded to be brought to him; he was found in the midst of the wounded, the dying, and the dead, ready and resolute, and always self-possessed; operating with equal promptitude and skill on those whom he could first reach or who were most in need of his services, and not caring for the rank of the prostrate man before him. Instances are recorded in which LARREY and his assistants, carried away by their professional, and shall it be said, in part, also, their national enthusiasm, were seen giving their attentions to the wounded near the imminent and deadly breach itself, amidst a shower of destructive missiles which were carrying wounds and death to those around them. LARREY was exposed to the same fire under which CAFFERELLI, LANNES, ARRIGHI, BEAUHARNAIS, and many others, fell, either wounded or never to rise again. After the long-contested and bloody battle of Eylau, in Polish Prussia, between the French and Russians, the Emperor NAPOLEON found LARREY standing in the snow, under a slight canopy of branches of trees, engaged in dressing the wounded; and on his passing by the same place, at the same hour, on the following day, he saw the indefatigable surgeon still occupied as before. In this way did LARREY spend twenty-four hours uninterruptedly, except in the few minutes snatched for a hurried repast. We have all heard or read of displays of zeal—religious, fanatical, patriotic, and amorous—but seldom has there been recorded a finer example of benevolent zeal spent on so good and useful a purpose.

The Crimean War, too, is drawn upon for illustrations of Medical, as well as Military Heroism, and the difference in the estimate which is placed upon the two:

We change the scene, and this time it opens in the Crimea, after the battle of the Alma, in which the Russians were defeated by the allied troops of France and England, in 1854. You have read of the feats of valor displayed on both sides on that bloody field—the sweeping fire of the artillery, the daring charge of cavalry, the deadly encounter of the columns of infantry, when men met men with bayonets crossed, in the mixed excitement of animal passion, national rivalry, and the thirst for honor and distinction. The names of ST. ARNAUD and RAGLAN, the victorious Generals, were suddenly sounded and sung in both hemispheres, and they took at once their places in history. But the real hero, the saviour, not the destroyer, appeared on the day after the battle, unheralded by drum or trumpet, a devoted, and to all appearances a doomed volunteer in

the cause of humanity. The allied forces were under the military obligation of advancing rapidly on Sebastopol in pursuit of the retreating Russians, and in doing so to leave 750 wounded of the enemy behind them on the field of battle. "Who," to use the words of an English medical journal, "is that single individual who, of all the host that is marching away from the scene of its late triumph, is still to be found on that blood-stained field? And what is the errand on which he is engaged, thus alone among his enemies, watching the retreating forms of his friends, his countrymen, and gathering up his courage as best he may, to undertake the duties which, in obedience to the dictates of humanity, it had become his duty to perform? This most painful and desolate duty was imposed on himself by Dr. THOMSON, of the 44th regiment, a native of Cromarty, in the northern part of Scotland, the birthplace also of HUGH MILLER, of the Red Sandstone fame. Provided with some rum, biscuit, and salt meat, he was left with his charge; his only companion a private soldier, acting as his servant. This was indeed a forlorn prospect. Could he escape from the savage assaults of the marauding Cossacks, a party of whom had ruthlessly destroyed a villa not many miles off, on the road to Balaklava, the residence, too, of a Russian country surgeon or physician, who had been obliged to make a hasty retreat? Even the patient themselves, whether under the influence of fever, caused by their wounds, or by mere brutal ferocity, had fired at or stabbed the humane individuals who were then dressing their wounds. Five days, however, did Surgeon THOMSON pass in the midst of such a people, whose language was unknown to him, without any companion but his soldier-servant. Often were these two Englishmen obliged to extricate the wounded from beneath the dead before their gashes could be healed, and also to bury the dead because of the pestilential smell arising from the mutilated carcasses. Their scanty supply of food was about to fail them. On the dreaded approach of a swarm of Cossacks, 340 wounded men, who five days previously lay in helpless agony on the ground, walked away with Surgeon THOMSON to the shore, and, after overwhelming their deliverer from death with expressions of gratitude, sailed for Odessa. The surgeon himself escaped from the Cossacks, and reached the English head-quarters on the 4th of October, but died of cholera the next day, worn out by the hardships he had undergone. Surely," adds the English journalist, "JAMES THOMSON, of the 44th Regiment, has earned a monument, for in his own noble character were united the physician's skill, the soldier's courage, and the Christian's humanity."

The heroism and philanthropy of PINEL is thus described :

Another passage for the records of Medical Heroism, and I have done:—

The name of HOWARD is everywhere celebrated, and praised in terms of warm gratitude, as the reformer of prison abuses and prison cruelties. It has obtained a place in the history of the world's progress. The name of PINEL is not, I am afraid, familiar even to the medical world; and it is still less to the world at large, as that of a physician, who, both by personal services and earnest teaching, brought about a reform in the management and discipline of Asylums for the Insane, which may now be properly regarded one of the strongest proofs of advanced civilization. If a proper sympathy and sentiment for humanity and justice have been enlisted by the benevolent Englishman, in what light ought we to regard the services of the equally benevolent Frenchman, who reminded men of their duties to the Providence-stricken but irresponsible insane? Excuse might be found for vindictive harshness to the criminal who has made war on society; but where is the extenuation for more deliberate cruelty, practiced so long and so generally on those unfortunate beings, bereft of their reason, many of whom, but a short time before, had been the delight of the social circle, and cherished members of the family?

When we think of the old Bedlams and Hospitals for the Insane, in which not only the raving maniac, but the melancholy monomaniac was confined, and in which the only sounds were those of the clanging chain, the echoing lash, and mingled cries and vociferations of the brutal keepers and the infuriated inmates; and then look abroad over the better portions of the civilized world, including our own favored land, and see the many noble edifices erected for the reception and treatment of this class of unfortunate fellow-beings, we feel that we live in an age not only of progress, but of real improvement; one in which humanizing influences are more active and diffused than they ever were before. The contrast between the present and the past in this particular, while it should prompt all to the liveliest, manifestations of gratitude, ought, undoubtedly, to find a place in general history, in which proper credit would be awarded to our Profession, so many members of which have imitated, in their official position as superintendents of Insane Asylums, the noble example set by PINEL at the Bicêtre and the Salpêtrière.

That was indeed a critical moment in the life of PINEL, and in the history of benevolent trials for the mitigation of human suffering, when he resolved to test the correctness of his principles of non-restraint, by holding direct personal intercourse with a violent maniac, whose chains and fetters he had previously directed to be removed. The trial was entirely successful. After an eager gaze and a movement, as if preparatory to a tiger-like spring on his visitor, who had just entered his cell, the unfortunate being saw eyes beaming with kindness and placid features, expressing benignity and good-will. Soon his own countenance underwent a change; the mere brute was once

again a human being; and when the tones of affectionate inquiry reached his ear, and the hand of greeting was extended towards him, he could only answer and reciprocate by shedding tears, the fountains of which had long been dried up by the fiery furnace of maddened feelings, wrought to fury by angry menace and brutal punishment. From this moment the cure of the poor maniac, which had been before regarded as hopeless, was begun, and terminated in entire restoration to health and reason.

After the inquiring visitor has been taken through a modern lunatic asylum, and traversed its spacious corridors, and has looked into its neat and cheerful dormitories, and is then taken to the saloon and the lecture room, and the rooms for social meetings and amusements, and is farther shown, out of doors, the extensive grounds for exercise and recreation, all under the direction of the medical superintendent, the presiding genius of the place, he gives utterance to his conviction by exclaiming: "After all, madness is not so dreadful an infliction, when it is met, controlled, and so often conquered by the harmonious union of medical science, philanthropic vigilance, and ingenuity, and, at fitting times, the soothing balm of religious counsel and exhortation."

In the vestibule of every modern lunatic asylum, the visitor might naturally expect to see a statue of PINEL, unless he should think at the moment of the inscription on St. Paul's Cathedral, London, in allusion to its celebrated architect, Sir CHRISTOPHER WREN, "If you ask for a monument, look around you."

Such is Medical Heroism. Such are some of the bright examples which our much disparaged Profession furnishes. It is true the world ignores them, and that Medical Heroes are not appreciated when living, and are forgotten when dead. But he who patterns after them, and strives to equal them, evinces true and laudable ambition; for it is a yearning after virtue for virtue's sake.

We have no apology to offer for devoting so much space to the notice of a mere pamphlet. To its author, Dr. BELL, we say: Well done; a worthy subject worthily handled.

G.

A TREATISE ON HUMAN PHYSIOLOGY; Designed for the Use of Students and Practitioners of Medicine. By JOHN C. DALTON, Jr., M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York, etc. etc. With Two Hundred and Fifty-Four Illustrations. Philadelphia: Blanchard & Lea. 1859.

THERE are two classes of new medical works which we greet with a hearty welcome: they are Monographs, and Text-Books for the use of students which have not been subjected to diluting process. The book whose title is given above belongs to the latter class. It is not as extensive a work as we had anticipated; still it is full and comprehensive within its scope. In the latter, it has been the object of the author to communicate, "in a condensed form, such new facts and ideas in physiology, as have marked the progress of the science within a recent period."

The *teacher* is apparent throughout. Clear and concise in his statements, the reader at once comprehends his meaning. The author writes just what he means, and means just what he writes. Words are not used, except for this legitimate purpose, viz., To express an idea. Too often, with authors, it is otherwise, and sentences must be re-read, scanned, compared with the context, and, even then, if the author himself ever had a clear idea of the matter, he has, by the use of language, so successfully hidden it, that the reader fails to obtain it. Dr. DALTON is entirely free from all this; he has evidently been in the habit of *talking*, to convey his true meaning, and now he writes in the same style.

The typography of the book is excellent. The illustrations are beautifully executed; and of the two hundred and fifty-four, all but eleven are original. This fact, alone, is enough to commend the book. It shows that the enterprize is not one originating with professed book-makers. It is the result of labor, and does great credit to the author.

Let us have more real authors, and let the horde of

quacking editorial parasites betake themselves to honest labor; so shall our literature and our national credit be alike improved. G.

CLEVELAND MEDICAL GAZETTE. A Monthly Journal for the Advancement and Review of the Medical Sciences. Edited by GUSTAV C. E. WEBER, M. D., Professor of Surgery in the Cleveland Medical College.

No. 1, Vol. I. of this new journal is on our table. We cordially extend the hand of fellowship, and wish the editor all the success he desires. It has been placed on our exchange list.

NORTH AMERICAN MEDICAL REPORTER. No. 2, Vol. II.

This journal has changed somewhat in appearance since the 1st No. was issued, and has an accession to its Editorial corps in the person of LOUIS ELSBURGH, M. D.

We are under obligations to the courtesy of the Editor for giving so favorable a mention of the *Peninsular and Independent*.

Editorial Department.

Pharmaceutical Education of Medical Students.

Pharmacy is making rapid strides from the subordinate position it formerly held among the arts, and is assuming a high position in its double relation to art and to science, demanding in its votary mechanical skill, artistic taste, and, above all, chemical knowledge. While its progress is so rapid, why is it not taught in all of our medical schools as a distinct branch, rather than as an adjunct to the Chair of Chemistry? In its practical relation to the needs of the physician, is not an intimate knowledge of the manipulatory details of Pharmacy of infinitely more value to him than a superficial knowledge of chemical laws, theoretically taught, and practically almost useless?

An intimate investigation of the physical qualities, as well as differences and kinds, of remedial agents, belongs to a pharmaceutical education; and it certainly would aid a physician in determining by external characteristics alone the quality of his remedies.

A laboriously acquired skill in clothing preparations with attributes of permanence, elegance, concentration, and efficiency, is a part of the Pharmaceutist's requirements—would not such skill aid the Physician, especially that one who, settled in the more thinly scattered portions of the country, is debarred from relying upon the professional Pharmaceutist? *Apropos*, are the remarks of Dr. ROBERT

BATTEY, of Rome, Georgia, upon this subject, the pith of which are given below, from the *Southern Medical and Surgical Journal*:

Pharmacy, which for ages occupied the position of a mere art, and a very simple one at that, has, during the past half century, gradually aroused itself from this long sleep, and is now making giant strides towards a degree of perfection little dreamed of in the philosophy of its ancient votaries. The elixirs and amulets of our fathers are remembered only with a complacent smile in our conscious superiority; ignorance and superstition have given place to the light of reason and inductive philosophy. A commendable industry and zeal is manifest among pharmaceutists all over the world, vicing with each other in ransacking the nooks and corners of the great storehouse of nature, in quest of hidden treasures to be added to the rapidly augmenting fund of the *Materia Medica*; while, foremost among the evidences of progress in manipulative pharmacy, we have the isolation of the distinct active proximate principles of plants from the inert and valueless ligneous fibre, and the substitution of small doses of these refined materials, for the former large draughts of nauseous infusions and decoctions.

Not only has Pharmacy thus distinguished herself in her chemical capacity, but she been equally busy in the improvement of her extemporaneous and more mechanical departments. The subtile aëri-form spirit, so full of death to any who breathes it, has been chained down in its watery bed by strongest bonds of iron, whence from time to time it issues forth under the guiding hand of the master, in the sparkling and healthful mineral water. The disgusting epsom or glauber salt no longer distorts the visage of the invalid—but he drinks his glass of effervescing citrate with as much gusto as he would take his champagne or julep, when in health; his castor oil or copaiba glides smoothly along his alimentary canal, securely stowed in the hold of a tiny gelatine boat; his pill no longer offends the palate, nor sticks fast in his reluctant throat, but with its firm casing of purest sugar, slips swiftly down; and, if he be a miser at heart, he may have it at his bidding, clothed in all the charms of glittering silver or still more precious gold.

The spirit of the age is progress—upward and onward is the watchword we catch on every hand; in perhaps no department of natural science is this progressive disposition more manifest than in the one under consideration. Scientific Pharmacy is no longer a mere

abstraction—it is full of practical results; nor is its advancement premature—the people have kept up fully with the times, and eagerly seize and appropriate to their comfort and advantage the new remedies as fast as they are brought forward. Its products are not to be confined to the more refined and opulent denizens of our larger cities, for the humble settler in his backwoods cabin is beginning to hear the sound of glad tidings, and already demands that the more palpable impositions upon his gustatory nerve shall cease, and calls for less bulky nauseous remedies. The voice of the masses is loud in favor of the reform, and the old fog, or his younger pupil, who refuses to inform himself, that he may keep up with the improvements, while he continues to laugh at the disgust and wry faces of his patrons, will find his more enterprising and worthy competitors sweeping by him in their onward march to a deserved fame and popularity.

So generally is the want of pharmaceutical knowledge among physicians felt and appreciated, that many are induced to seek the schooling of the apothecary's shop prior to entering upon the study of medicine; while others, already practitioners of Pharmacy, are led to graduate and enter the medical fraternity, as a means of greater professional elevation and emolument. It is evident that very few, comparatively, of our medical men can obtain this schooling in the shops, requiring as it does, a series of years before an apprentice is judged competent to execute the more responsible manipulations. However well this apprenticeship system may work in England, and however desirable so thorough pharmaceutical attainments may be to the medical man, there is too much valuable time consumed in the pupilage to suit the fast ideas of our aspiring young men.

The office of the preceptor might be, and ought to be, a valuable preparatory school of Pharmacy, as well as of other branches of medical science. What are the facts? The observation is common, that the medical instructions of the majority of preceptors amount to little more than the use of a few text-books from their too meagre libraries, with an occasional explanation, and a rather semi-occasional examination upon the leading topics of study. Pharmacy as a science, or even as an art, is very rarely mentioned, and seldom, perhaps *never*, taught; and if we ask the reason of this we shall not be at a loss for an answer. The preceptor himself knows little or nothing of the subject, and of course can not be expected to teach it—what little he has acquired has been the result of hard earned experience; let his student dig it out as *he* did.

We next look for the attainment of this instruction to the medical colleges of the country, and with what better success? With, I be-

lieve, but one honorable exception (the University of Michigan), no distinct Chair of Pharmacy is to be found.*

In most instances it is attached either to the Chair of Chemistry or Materia Medica, and in some of these a meagre outline of the subject is given, while the majority, perhaps, retain only the name, and find no time for the practical instruction; some few, it is believed, do it not the honor of even mentioning its *name* in their annual announcements. In some of the larger cities this deficiency is in a measure supplied by public or private pharmaceutical schools; but, from inability or indifference, the great majority of students do not avail themselves of these extra privileges, while much the larger number of colleges are located in cities where these private schools are not accessible and can not be maintained. Besides, it is unquestionably the *right* of the student to look to the regular course for this indispensable knowledge; as well might the school refer him to the hospital for his instruction in Surgery; to the private anatomical room for his Anatomy; or to the private laboratory for his Chemistry.

In our college courses upon Chemistry much valuable time is spent upon the laws of heat, light, and electricity—important and interesting topics—not perhaps too fully taught, but yet it may well be questioned, whether the more practical details of Pharmacy, bearing, as they do, upon the every day experience and wants of the practitioner, are of greatly more *real* value. It is *well* to have the ability to discourse learnedly upon the laws which govern the imponderables, but it certainly more *practical* to be able to dispense an eligible and scientific compound for the relief and cure of one's patient. By devoting one half or more of time usually allotted to these to Pharmacy, much valuable instruction could be given, and profession thereby greatly benefited. The Chemical Chair, however, is already overburdened; time can not ordinarily be found in our short terms to so far elucidate the various topics as to give the class any adequate knowledge of the subject. It is notorious that few know anything practically of the science, nor do they pretend to any degree of proficiency. The mass of the candidates single out this branch as their lame one, and more than all else usually dread the ordeal before "old———" (the chemist) in the green room. The subdivisions of Organic and Physiological Chemistry are daily becoming more extended in range of topics, and more useful and important in results—it is highly desirable that the standard of education should be more elevated in this direction. Look now to the Chair of Materia Medica,

* We must correct the above. There is no distinct Chair of Pharmacy in the University of Michigan, it being attached to the Professorship of Chemistry, etc., as is usual in medical schools in this country.

and we find medical botany, together with the varieties, physical properties, qualities and adulterations of drugs so inadequately taught, as to leave but little lasting impression upon the mind of the hearer. The whole subject is exceedingly dry and uninteresting—and why? Not always from want of ability on the part of the professor, but rather from the hurried manner in which the subjects must be discussed, from which cause the student gathers an insufficient amount of information to appreciate and enjoy the lecture; so he must often go forth into the world dependent upon the interested drug man for the selection of his medicines, and perchance to mourn over the dead bodies of his victims through his want of attention to the study of these subjects.

The only efficient mode of teaching these several branches, and giving them the position, which their practical utility, as compared with the other departments of medicine, demands, would seem to be the addition of a Chair of Pharmacy, to lighten the labors of the other two, as well as to teach extemporaneous and manipulative Pharmacy proper. Such an innovation upon old usage, would not only be productive of much good to the Profession in elevating the educational standard, but would likewise equip our medical colleges with all the facilities and advantages of a well regulated college of Pharmacy, and enable them, in the three Chairs alluded to, to extend facilities for education to such pharmacutists, and their clerks and apprentices, as have not enjoyed these advantages, in places where no regular organization exists for their benefit. The question of policy might also be entertained—whether or not diplomas, or certificates of proficiency in their branch, such as are granted by the Philadelphia College of Pharmacy, should be bestowed upon these pharmaceutical students after examination at the close of a second course. Next to a well educated medical profession, we need intelligent and professionally accomplished apothecaries; and it is, perhaps, worthy of thought, whether the general adoption of this system, of educating apothecaries in conjunction with students of medicine, would not have a tendency to infuse a more high minded and professional spirit into the former, and, perhaps, in a measure, wean them off from their quacking proclivities, by attaching them more strongly to our Profession.

That the study of Pharmacy, in its practical bearings, will be added to the curriculum of the student in any of our numerous medical schools, we do not soon expect; but that it is desirable, and would be of very great advantage to them, we think the remarks of Dr. BATTEY sufficiently prove.

F. S.

French Pharmaceutical Preparations.

The numerous manifestations of skill which the French, as a nation, exhibit, is nowhere more clearly exemplified than in the products emanating from the laboratories of their Chemists and Pharmaceutists.

The FOUGERA BROTHERS, of New York, have recently laid on our table samples of many preparations, with which all are familiar as products of our own country, but which, in the forms before us, bear the imprint of the original discoverers.

Thus, we have the *Iron reduced by Hydrogen*, of QUEVENNE and MIQUILARD (who first introduced this form of Iron into therapeutical use), in the elegant form of sugar-coated dragées.

The *Pearls of Ether*, of CLERTAN, in which, by means of a gluten capsule, thin and transparent, an adequate dose of sulphuric ether is enclosed, and in such a manner reaches the stomach before its peculiar effects are obtained, and without being lost as in most forms in which it is exhibited,

Lactate of Iron, in elegant pastiles, pleasantly flavored, as made by GELIS and CONTE, who first introduced this advantageous form of Iron.

The *Ergotine* of BONJEAN—in substance and dragées. This extract from Ergot, introduced by M. BONJEAN, is made by exhausting Ergot with water, precipitating with alcohol, and evaporating to the consistency of a soft extract. It is held in high estimation in France.

BOUDAULT'S *Pepsin*, in substance and in powders, all ready divided. This "aid to digestion" is coming largely into use as a therapeutical agent.

Laurent's Dragées of Acetic Extract of Colchicums, form an excellent bon-bon, in which to exhibit this remedy.

Blanchard's Preparation of Iodide of Iron, in pills and syrup, are too well known in this country to require comment.

We must particularly mention the *Copahine Mege* of JOZEAU, and the *Savonules* of LEBEL, in both of which copaiba is very nicely disguised—not only disguised, but, in the first, by boiling the copaiba with a small proportion of nitric acid, oxidizing it; and in the second, by saponification, the balsam is rendered much more active, digests readily, and, to a great extent, produces its specific local action.

A hundred other remedies, in elegant forms, are before us; many of which, however, have only a local reputation, but all bear the impress of skill and taste.

A French pharmacist, in making any discovery, submits it to the Academy of Medicine of Paris. If it obtains the approval of that body, the method of making it is published, but the right of manufacture is reserved by governmental protection to the discoverer. Thus, it will be seen, that the French scientific pharmacist has the hope of pecuniary reward as well as scientific reputation, as an incentive to research.

F. S.

Selected Articles, Abstracts, &c.

On the Physiological Position of Fibrin.

BY LEVIN S. JOYNES, M. D.,
Professor of Institutes of Medicine in the Medical College of Virginia.

(Concluded from the July No.)

Let us now see what are the principal facts and arguments by which this view is supported, and endeavor to appreciate their value:

1. It is urged that the proportion of fibrin in the blood is *too small* to warrant the idea that it is the sole, or even the chief pabulum of the tissues. It amounts to but two or three parts in 1,000 of the fluid, while the albumen is estimated at about 70, and the red corpuscles at 125 to 140 parts.

2. There is no fibrin in the egg from which all the tissues of the young bird are developed—"little or none" in the blood of the fœtus—and less in the new-born child than the adult; although at these periods of existence nutrition and development are proceeding with greater activity than in after life.

3. "I find," says Mr. SIMON (*loc. cit.*), "that fibrin is undiminished by bleeding, however frequently repeated; nay, that it often, or even usually increases under this debilitating treatment: its highest figure given in ANDRAL's book (10·2), was at a fourth bleeding: and SCHERER found it as high as 12·7 at the third venesection in a case of pneumonia. I find that under many other circumstances of exhaustion and weakness and inanition, during the progress of starvation, during diseases essentially anæmic, during violent fatigue, and the like, its proportion has been found at least as high, perhaps higher than in the inflammatory process." In these respects its proceeding is in direct contrast to that of the red corpuscles. ANDRAL and GAVARRET have also found an improvement of the breed of an animal is attended with a diminution of the fibrin of its blood, but with an increase of its red corpuscles.

4. Fibrin, it is said, does not arise from the ingestion of food, for its proportion in the blood is not increased by the most abundant nutri-

ment, and there is less in the blood of the carnivorous animals than in that of the herbivora.

5. Its composition shows that it is an *oxidized product*—that it results from the oxidation of albumen (or of some kindred principle of the tissues); and in the animal economy, oxidation pertains rather to disintegration and waste than to the repair of tissue. It marks the *descending* scale of metamorphosis rather than the ascending—a tendency to destruction rather than a tendency to organization. Thus urea, uric acid, and other ingredients of the excretions are oxidized products. Experiment proves conclusively that the respiration of pure oxygen causes an increase of the fibrin of the blood.

6. Although the majority of chemists have agreed in stating that there is a somewhat higher average proportion of fibrin in *arterial* than in venous blood, it is now said that LEHMANN had recently found, that while this is true so far as regards a comparison of the blood of the *large veins* with that of the arteries, the blood of the *smaller veins* contains *more* fibrin than arterial blood, as if it had just derived a fresh charge from the disintegration of the tissues. (*Brown-Séguard's Jour. de Physique, April, 1858*).

7. The proportion of fibrin in the blood is always increased in inflammatory affections, where the acceleration of the capillary circulation and the attendant emaciation indicate an *increased waste of tissue*. As the excitement of the circulation subsides, and nutrition resumes its healthy course, so does the fibrin return to its normal standard.

8. Experiments on the transfusion of blood prove that fibrin is not essential to nutrition. If an animal be bled to complete syncope, and its own blood or that of another animal of the same species be injected into its veins (being first wholly *deprived of its fibrin* by stirring it with a bundle of twigs while still fluid), the animal nevertheless seems to “acquire fresh life at every stroke of the piston,” and is after a time completely restored. The *red corpuscles* are evidently the efficient agents in the resuscitation; for if the *serum* of the blood only be injected, the animal is not revived.

In like manner, BROWN-SEQUARD has found, that if the amputated limb of a man or animal be allowed to lie for several hours, until its vital properties (muscular irritability and impressibility of the nerves to stimuli) have disappeared, they may be promptly restored and maintained for hours by the injection of *defibrinated* blood into the vessels. And, what is very singular, it is stated by the experimenter, that although the blood be injected without its fibrin, and arterial in hue (from exposure to the air), it returns by the veins, presenting the appearance of *venous blood* and *containing fibrin*—whence he infers that fibrin is formed in the tissues, especially in the muscles, as a product of their waste or vital decay. This conclusion is also adopted by BERNARD

in his late work, "*Leçons sur les Propriétés Physiologiques et les Altérations Pathologiques des Liquides de l'Organisme.*" Paris, 1859.

Experiments similar to the above were performed upon decapitated criminals, and with corresponding results.

9. The blood of the *hepatic veins* contains *no fibrin*. (LEHMANN, BROWN-SEQUARD, BERNARD.) The same is also true of the *renal vein*. (FRANZ SIMON, BERNARD, BROWN-SEQUARD.) Fibrin, therefore, disappears from the blood which traverses these glands; it undergoes destruction there. BROWN-SEQUARD has endeavored to prove by a mathematical calculation, in his journal above cited, that this destruction amounts to some four or five killogrammes (10 or 12 pounds) daily, while its normal proportion in the blood is kept up by the waste of the tissues.

10. Effusions of fibrin, it is argued, either exhibit no tendency at all to undergo organization, or their organization is of the lowest character, "never in any known instance," says Dr. HANDFIELD JONES, "amounting to more than the formation of a fibrous tissue, more or less closely resembling the natural." "That fibrin takes an important part in the reparative process, can not be doubted. We constantly find it forming the uniting medium between divided parts; but have we any evidence that it becomes further developed, and passes into the form of any tissue more highly organized than that of the cicatrix? Surely there is not the least; or rather, all that we know of the process of reparation tends to contradict such an idea." (*Jones and Sieveking's Pathological Anatomy*, p. 59). Mr. SIMON (*op. cit.* p. 82) is still more decided: "So far as my knowledge extends of adhesive inflammation, and of the several reparative processes, I see no evidence that fibrin takes a more important part in them, than that of holding the true albuminous blastema within its meshes, and thus occasionally serving as a provisional matrix and scaffolding for the development of cells, fibres, and blood vessels." He also refers to the absence of organization in the fibrinous clots lining an aneurismal sac, in the coagula which forms in arteries after ligature, and in the fibrinous concretions often seen in the substance of the liver, spleen, and kidneys, as proof that fibrin is destitute of that high *plasticity*, or tendency to organization, which has been ascribed to it.

Such is the formidable array of arguments that we have to consider. That they make out, at first sight, a very strong case, can not be denied. Some of the facts adduced seem to be in complete opposition to the ideas heretofore entertained. A deliberate and candid survey of the whole ground, however, will suffice to convince an unprejudiced mind, I think, that these arguments are wholly insufficient to prove, either that fibrin is an excretory compound, resulting from the destructive changes going on in the tissues or in the blood, or that its function in the nutrition and repair of tissue is of the very lowest order. We are still fully justified in adhering to the belief that fibrin is a highly important "ele-

ment of nutrition," specially and eminently organizable, though we have no sufficient reason for asserting that it is the *only* histogenetic principle of the blood, and that albumen must pass through the condition of fibrin in order to be applied to the wasting tissues.

I will examine the above arguments in the order in which they have been presented.

If the *quantity of fibrin* in the blood be small, compared with that of the albumen or red corpuscles, how *large* is it, on the other hand, when compared with that of the organic matters admitted by all to be effete and useless—for example, urea, uric acid, creatine, &c. In order to detect these in the blood, we are obliged to analyze several pounds of the fluid—nature guarding the system with the utmost jealousy against the accumulation of compounds which are, at best, but useless refuse, and would soon become noxious, if allowed to taint the blood in notable quantity. The amount of fibrin, on the contrary, is such as to impart to the blood some of its most remarkable properties, and sufficient, too, one would think, to make good its claim to a function of importance.

Besides, although the amount of fibrin in the circulating fluid *at any one moment* be small—not more than five drachms, it is estimated—it must be recollected that it is *being continually produced* in the organism, as it is being continually disposed of in the operations of life; and thus, beyond question, a large amount is daily generated and expended. Fibrin is being constantly introduced into the blood as an ingredient of the chyle and lymph, and as incessantly formed in the blood itself—in all probability, by the transformation of albumen.

There is no fibrin, it is said, *in the egg*, which contains all the organic matters which are requisite for a perfect animal development. True—but the material from which fibrin may be elaborated (albumen), is there in abundance; and this elaboration does take place at an early period of development; for when the blood makes its appearance, fibrin too appears as one of its constituents.

I am not acquainted with any well-authenticated analysis which justifies Mr. SIMON's assertion that there is "little or no" fibrin in the blood of the *fœtus*. There is somewhat less, it is true, than in the blood of the adult. The analysis of DENIS, which is quoted in all the works on physiology, gives for the mother's blood, 2·4 of fibrin, and for that of the *fœtus*, 2·2 in 1,000 parts of the fluid. The difference is certainly not great enough to serve as the basis of an argument on the question at issue, and is no greater than often exists in the blood of different healthy adults. The same remark may be made with reference to the comparative deficiency of fibrin in infancy. And it may be asked whether the smaller proportion of this principle at these early stages of existence, may not be owing to its *more rapid consumption* for the purposes of development and nutrition?

The great and striking peculiarity of foetal blood, is its high proportion of red globules and iron.

That the abstraction of blood in *inflammatory diseases* does not directly reduce the proportion of fibrin, can not appear surprising, when we recollect that a cause is in operation, *tending directly to its increase*; and it can not be expected to diminish until the inflammation begins to subside. Even in health, however, bleeding has no tendency to reduce the proportion of fibrin, but (if often repeated) rather the reverse, as certain remarkable experiments of MAGENDI have shown. It appears, therefore, that the system enjoys the power of rapidly repairing the loss of its fibrin, by the conversion of the albumen of the blood; and when excited by unusual demands, this physiological action may become excessive.

As to the increase of fibrin in *starving animals*, which at first view seems so paradoxical, we find a very satisfactory explanation in the observations of ANDRAL and GAVARRET, who found this condition of the blood in animals deprived of food, to coincide with lesions of the stomach "of the most clearly *inflammatory nature*, such as bright redness, softening, and numerous ulcerations of the mucous membrane."

So in phthisis—the excess of fibrin which is common in the blood after the first stage, is not to be referred to the anæmic or cachectic condition of the system, but to the inflammatory irritation of the lungs and pleura, which attend the softening and evacuation of the tubercles. The *mere tubercular development* is not attended with any such alteration of the blood. ANDRAL's researches, in like manner, establish, that in the blood of persons affected with cancer, there is no increase of fibrin, sometimes on the contrary a diminution, unless there be accompanying inflammation of some kind.

It ought not to seem so unaccountable that the fibrin is undiminished in anæmia—for no good reason can be given why the loss of *red corpuscles* should be attended with a corresponding loss of fibrin. The several ingredients of the blood may vary in proportion quite independently of each other.

The alleged diminution of the fibrin in the blood of animals, simultaneously with an "improvement of breed," is a circumstance of rather too vague and indefinite a character to merit much consideration. It is not pretended, I believe, that the difference thus occasioned is any greater than may normally exist between two individuals of any one breed—nor is it proved that the nutritive process is more perfectly accomplished in proportion to the loss of fibrin. Differences of breed in animals relate to other and more prominent characters than this.

There is no sufficient reason for saying that the fibrin of the blood does not derive its source from the food, or that its amount is not affected by the *nature* of the food. True, the blood of the carnivora contains less than that of the herbivora; but this is connected with differences

of organization and vital action in the two orders, which forbid us to refer to them as true standards of comparison for each other. In any one animal, or in different individuals of one species, the proportion of fibrin is higher under an animal than under a vegetable diet. This is proved by LEHMANN's experiments upon himself, and by those of NASSE upon dogs. Fibrin itself, when employed as food, is certainly nutritious—capable of furnishing plastic material to the blood. In making this statement, I am not alluding to muscular flesh, which, according to the chemists is not fibrin: I speak of the fibrin of the blood. The "gelatin committee" of Paris found that dogs fed on this fibrin alone, lived from 75 to 80 days, while on a diet of pure gelatin, they died in about 20 days. It is true that the fibrin did not sustain life continuously, but it proved no worse in this respect than albumen or muscular fibre (if deprived of the matters associated with it by long boiling. Dogs lived no longer on these than on the fibrin of blood. The simple fact is, that *no one proximate principle*, whether animal or vegetable, is capable of nourishing the animal body perfectly and for a length of time: but we have the same experimental proof that fibrin can *do its part* in alimentation, that we have in the case of albumen or the muscular substance. (See *Berard's Cours de Phys.* vol. 1, p. 591). But fibrin, when injected, does not all find its way *as fibrin* to the blood: for in the process of gastric digestion, it is transformed into that modification of albumen called *albuminose* or *peptone*, in order that it may be the more readily absorbed. Once within the absorbent vessels, part of it reverts to the condition of fibrin, in order to meet the demand of the organism for this principle. So when the albumen of the egg or the casein of milk is employed as food, a part after absorption, is converted into fibrin, as shown by the coagulability of the chyle.

The *excess of oxygen* which the ultimate analysis of fibrin exhibits as compared with that of albumen and other protein compounds, and which is relied upon to prove that the former is an "oxidized product"—a protein compound in the first stage of "destructive metamorphosis" or decay, and therefore to be placed in the same category as urea, &c.,—is very inconsiderable, if indeed it exists at all. Can it be admitted (in view of what has already been stated) that the differences between these compounds are such as to require us to assign to them different physiological relations? Can it be for a moment supposed that two principles so slightly differing from each other in composition and other chemical characters as albumen and fibrin, should have *precisely opposite destinations*: the former to nourish and repair the most highly vitalized textures—the other to encumber the circulation as so much offal until it finds an outlet in a still more degraded form by the channels of excretion? Certainly such a supposition does great violence to probability.

LEHMANN, with reference to the relation of these bodies, remarks (*Manual of Chem. Phys.* p. 110): It must be conceded, from the whole occurrence of fibrin, that it is a product of the transformation of albumen." "If we could rely upon the elementary analysis of these substances, the small excess of oxygen which is found in fibrin might characterize it as a product of oxidation." But he none the less admits "the physiological importance of fibrin, as a transitionary state towards the more highly oxidized tissue materials": for in another place he points out the fact that the tissues "are on the average much richer in oxygen than the protein bodies." Whence it follows, that the action of oxygen upon the latter is far from being necessarily a destructive or retrograde action, as has been rather too hastily supposed, under the influence of preconceived ideas.

The statement made by BROWN-SEQUARD, on the authority of recent researches of LEHMANN, that the blood of the small veins contains more fibrin than that of the arteries, is certainly worthy of attention: and if the fact could be accepted as undeniable, it would certainly afford a very plausible ground for presuming that the excess of fibrin in the small veins had been derived from the tissues, as a product of their waste. We may take leave, however, to hold the fact *sub judice*, until it shall be confirmed by the analysis of other observers and shown to be generally (and not merely exceptionally) true. It must be confessed that the fact is completely at variance with the general result of previous researches, which had revealed an average preponderance of fibrin in arterial blood.

The invariable augmentation of fibrin in the blood of inflammation, is a fact full of interest in a physiological aspect, but very difficult of consistent explanation, whatever be our view of the character and destination of this substance. If we regard it as a product of the disintegration of the bodily structures, we may reasonably ask, how it is that in *grave typhoid fever*, where the wasting and exhaustion are certainly much greater than in sthenic inflammations, there is a *loss* of fibrin instead of an increase? Whereas, on the hypothesis in question, the proportion ought to be higher than in the phlegmasiæ. If we regard fibrin as a product of oxidation, why should it be constantly increased, and often to a very high figure, in inflammations of the respiratory organs, however severe or extensive—though these must necessarily interfere with the supply of oxygen to the blood? If, on the other hand, we regard fibrin as a nutritive or histogenetic principle, shall we say that the blood in inflammation contains more of it because the demand for it on the part of the tissues is less active, and therefore more remains unused? We should then have to encounter the difficulty, that the fibrin undergoes increase in starvation, where there is certainly no lack of demand for whatever nutriment the tissues may obtain.

In a word, the true cause of the fibrinous character of inflammatory blood is a problem yet to be solved—and at present the fact can afford no valid support to any physiological hypothesis.

The results of the transfusion of defibrinated blood in living animals, and the highly interesting experiments of BROWN-SEQUARD upon its injection into decapitated bodies, and amputated limbs, do not, I apprehend, justify the inference that has been drawn from them. They do not prove that fibrin has no office in the blood as a source of nutriment to the tissues. As well might we argue from them that albumen is equally to be excluded from the category of nutritive principles; for when an animal is bled to the point of death, the injection of the *serum* of blood (which contains all the albumen) will not effect resuscitation. The red corpuscles are the potential agents in the restoration of the vital properties of the nerves and muscles, not because they alone take part in the nutrition of these tissues, but because they are *carriers of oxygen*, and the presence of oxygen is necessary to the manifestation of the properties in question. There are satisfactory reasons for believing that every development of nerve force, and every muscular contraction, is attended with (and necessitates) a *change* in the active tissue—a disintegration of part of its substance—in which the oxygen of the blood takes an essential part. It is *for this reason* that the presence of the red corpuscles is necessary for the restoration of nervous and muscular irritability: but there is a wide difference between this action and the supply of solid material to the tissues for the repair of waste. The experiments are entirely consistent with the supposition that the fibrin and the albumen both take part in this office.

The fact stated by BROWN-SEQUARD, that the blood, though bright red when injected, had the appearance of venous blood when it returned by the veins, is perfectly in accordance with the explanation just given.

The presence of fibrin in the blood, after traversing the limb, though it contained none when injected, by no means compels the admission that this fibrin was derived from the tissues, as the experimenter supposes. It was simply an example of the transformation of albumen into fibrin, such as is continually going on in the circulation during life. ROBIN and VERDEIL expressly take this view of it. A similar formation of a small quantity of fibrin in blood which has been deprived of it, is occasionally seen when the blood is allowed to stand in an open vessel. However, the amount of fibrin which appeared in the blood in the experiments above cited, is admitted by the author himself, to have been "*extrêmement minime*."

The alleged absence of fibrin in the venous blood returning from the liver and the kidneys, has been regarded a very significant and conclusive fact. If, indeed, fibrin undergoes destruction in those glands, and the products of its composition are eliminated by them, we must

abandon all opposition to the hypothesis which regards fibrin as merely a part of the refuse of the system, circulating for a time in the blood only that it may find an outlet through the organs of excretion. But I attach little value to all that has been said on this subject, for more than one reason. In the first place I do not think it is proved that fibrin is normally and constantly absent from the blood of either of the above mentioned veins. As to the hepatic veins, the statement, though very confidently made by the authors already cited, is directly negatived by the results obtained by FRANZ SIMON, and recorded in his "*Chemistry of Man*," p. 174. In two instances (the only ones in which he examined this blood) he found it to contain 2·6 and 2·5 parts of fibrin — the proportion of the same element in the blood of the portal vein of the same animals, being, in the first case 3·2; in the second, 3·5.

BROWN-SEQUARD also admits that he has three times observed coagula (though of no great size) to form in blood drawn from the hepatic veins — and further, that after death the blood contained in these vessels is ordinarily found "coagulated or coagulable" — to explain which, he thinks it necessary to suppose a reflux of blood (of course containing fibrin) from the vena cava. Admitting it to be true that the venous blood from the liver contains less fibrin than that of other parts of the vascular system, and sometimes none that we can detect, it must be borne in mind that the reduction has already commenced *in the portal circulation*, and should not be set down wholly to the action of the liver; for all observers agree that the portal blood is poor in fibrin.

As it respects the blood of the renal vein, too, BROWN-SEQUARD admits that after death it is usually found to be coagulable or completely coagulated; which must of course be due to the presence of fibrin. He further states, that when this vein is opened in a living animal, although the blood which at first flows gives no indication of the presence of fibrin, yet if it be allowed to flow for three or four minutes, some fibrin makes its appearance, and after seven or eight minutes it is present "in notable quantity." BERNARD makes, on this subject, the following singular remark: "*The blood of the renal vein coagulates, though it contains no fibrin.*" I leave it to chemists to decide whether the first branch of the proposition does not invalidate the last.

Having thus shown with what large allowance we must receive the assertion that the fibrin disappears from the blood which traverses the liver and the kidney, I next inquire what has become of this lost fibrin? — for we must at least admit, I suppose, a *diminution* of it. It has not been excreted by those glands — for neither the bile nor the urine contains a trace of this principle: nor do they contain any ingredient which can by any reasonable presumption be ascribed to its decomposition. There is no more reason for assuming any such destructive change, than for supposing that the fibrin is consumed in nourishing the organs

in question, or (more probably) that it undergoes some unknown change of condition, attended with the loss of the characteristic property of coagulation, by which it is usually recognized. Perhaps it may revert to the condition of *albumen*. F. SIMON's comparative analysis of the blood of the renal vein, and the arterial blood of the same animal, renders this a very plausible supposition; for he found that while the blood of the vein had lost the greater part of its fibrin (*not all*, as he is made by some writers to say), it had *gained albumen* in about equal amount. According to the same chemist, the blood of the hepatic veins also, while containing less fibrin than that of the portal vein, contains a decidedly larger proportion of the albumen.

The idea promulgated by BERNARD, in his Lectures on the Blood, that the fibrin is consumed in the liver in the production of the *sugar* which he has proved to make its appearance in that organ, is purely hypothetical, and rests on no valid foundation.

The properties exhibited by fibrin in inflammatory exudations, and the phenomena of the repair of injuries, so far from affording any argument against the doctrine that fibrin is a plastic material of the most essential importance, furnishes the most conclusive proof in its favor.

The assertion that the fibrinous coagula lining an aneurismal sac—those forming the so-called “polypi of the heart”—and concretions of the same kind in the midst of the parenchymatous structures, are incapable of organization, is entirely at variance with the positive testimony of some of the highest authorities in pathology. I take it to be also an established fact, that a *coagulum of blood*, whether in the cavity of an artery that has been tied, or in the substance of the brain, or elsewhere, may be organized and vascularized, though with comparative tardiness—the presence of the red corpuscles in the midst of the fibrin seeming to delay the occurrence of the vital changes.

But, not to dwell on these points, I refer next to the all-important fact, that in all inflammatory effusions which manifest a capacity for organization, and in the exudations which serve as the medium for the reparation of wounds and fractures, *fibrin is an invariable ingredient*, and its presence is *absolutely indispensable* to the occurrence of those organic changes which result in the development of new tissue. Here, as elsewhere, fibrin exhibits its property of spontaneous coagulation, which, be it remarked, is always the first step in the organizing process. The term *coagulable lymph*, so constantly applied to these plastic exudations, has familiarized our minds to the fact.

It is true that this “lymph” (which consists essentially of the “plasma” of the blood, or *liquor sanguinis*, exuded from the vessels, contains other solid ingredients besides fibrin. A considerable proportion of albumen is there with some fatty matter, and various salts, es-

pecially phosphates. Sometimes, too, a few red corpuscles of the blood are present, either entire, or in a disintegrated state. But though an exudation contain *all the other* ingredients, if no fibrin be present, not the slightest tendency to organization is ever manifested. Thus, serous effusions into the pleura or peritoneum, which contain every element that coagulable lymph does, except fibrin, never give rise to the formation of false membranes: nor is there any instance of a mere serous exudation serving for the reparation of an injured tissue. A true "*blastema*" is always more or less rich in fibrin. This, in the exercise of its distinctive property, first concretes upon the parts from which it was effused: then, by the agency of nucleated cells, or nuclei, which make their appearance in the blastema, fibres are formed; and finally, by the extension of vessels into it from the adjacent living parts, the organization of the new tissue may be said to be virtually completed.

It deserves to be particularly remarked, too, that the degree of plasticity of the exudation depends much on the *quality* of the fibrin—and this, in its turn, is intimately connected with the condition of the organism at large, and of the blood in particular. When there is sufficient vigor of constitution, and the blood, besides a due proportion of other ingredients, is rich in fibrin, and this fibrin exhibits in a perfect degree its property of coagulation, then the exudation enters readily upon the career of development. But in unhealthy states of the system, when the fibrin of the blood, however abundant, is defective in quality, the exudations into which it may happen to enter, are (to use the language of Dr. WILLIAMS) either "cacoplastic" or "aplastic"—that is to say, either not at all organizable, or exhibiting this property in a very low degree.

I know it has been urged that effusions which contain fibrin, may nevertheless be without any tendency to organization. Thus, in some cases of dropsy, the fluid is fibrinous, as is proved by its spontaneous coagulation when exposed to the air; and yet no false membranes are formed from such effusions. This, however, may be ascribed either to the small amount of fibrin in the fluid, or to the presence of some cause interfering with the exercise of its peculiar endowments. The fact nevertheless remains, and can not be denied or evaded, that the presence of a due proportion of fibrin is the indispensable condition of an organizable exudation.

It is argued, however, that the organization of a fibrinous blastema is always of a very low grade, resulting in the development of nothing higher or more complex than a simple fibrous tissue. "This, almost of itself," remarks Dr. HANDFIELD JONES, "is a proof that fibrin is not the peculiarly organizable or plastic element that it has been considered to be."

This must certainly be regarded as a rather extraordinary state-

ment. It is true, indeed, that the coagulable lymph effused either on inflamed serous membranes, or between the lips of a wound, always at first forms by its organization a fibrous or areolar tissue. But does the process necessarily stop there? By no means. The ultimate destination of the new structure depends much upon the nature of the adjacent living parts. "All lymph," says Mr. PAGET, "has some tendency to assume, sooner or later, the characters of the tissue in or near which it is seated, or in place of which it is formed." And thus there may be developed from a plastic exudation, not only the above named simple tissue, but blood vessels, elastic tissue, mucous membrane, serous membrane, skin, cartilage, bone, adipose tissue, lymphatic vessels, even nervous tissue: for divided nerves may heal, and re-acquire their functions perfectly in the course of a few weeks—and we have good authority for saying that nerve fibres have been more than once seen in inflammatory adhesions.

Now, what warrant is there for excluding *fibrin* from any participation in these ulterior developments of the blastema? Why regard it as useless, and albumen, the fatty principles, &c., alone efficient, when we know that in the outset, they, in the absence of fibrin, are wholly destitute of the least capacity for organization? Would it not be more consistent to say that the principle which *takes the first step*, also takes an important part throughout? Such is surely the *prima facie* conclusion, and I know of nothing which invalidates it. I am acquainted with no fact relating to the organization of new formations which gives any real countenance to Mr. SIMON's opinion, that the fibrin of the blastema affords merely a "scaffolding" or mechanical support for the other elements, and takes no part itself in the development of cells and fibres, and in the various subsequent changes. What single reason is there to show that *albumen* takes the leading part in all these phenomena? If any should lay stress on the fact that fibrin is inadequate to the perfect repair of the muscular tissue when wounded, it may be answered that it is not more inefficient than other animal principles in this particular—the fact being that losses of the muscular tissue are never repaired by a new production of the same kind of tissue.

We have every reason to infer that the same materials which are employed in the regeneration of the tissues, are also those which are applied to the repair of their daily waste: for it is admitted that the two processes are but modifications of one and the same function of nutrition. If fibrin is an essential means of tissue formation in the one case, it must equally be so in the other. It is not easy to see how the justice of this conclusion can be disputed.

Dr. CARPENTER has advocated an opinion on this subject in the later editions of his works, which is, to say the least, paradoxical; viz. that fibrin is applied to the nutrition of the "fibro-gelatinous tissues"

(fibrous, areolar, &c.), but takes no part in that of the *higher* structures. He maintains on the one hand, that fibrin is a *vitalized* principle, as proved by its possessing "the power of spontaneously passing (under certain conditions) into an organized tissue"; but on the other, that is "the special pabulum of those *connective* tissues, whose physical offices in the economy are so important, while their *vital endowments are so low*." He thus assigns the only proximate principle which he regards as truly vitalized, to the nutrition of some of the least vitalized structures. There is surely here a glaring inconsistency.

Dr. CARPENTER's idea seems to have been suggested by the fact, that fibrin, in undergoing spontaneous coagulation, assumes a more or less distinct filamentous arrangement, which reminds one of the structure of the white fibrous tissue. But he seems to have forgotten that a coagulum of fibrin, however perfectly "fibrillated," *is not fibrous tissue*. The production of *this* on the surface of an inflamed membrane or a wounded part, is a subsequent affair, being effected by the development of nucleated cells, which then, by particular changes of form, undergo transformation into true fibres. It would be remembered too, that fibrous tissue consists not of fibrin, but of *gelatin*.

On the whole, there does not appear to be any satisfactory reason for limiting the histogenetic uses of fibrin to the fibrous and areolar structures. Its peculiar "vital" endowments, which distinguish it so remarkably from other organic compounds, would rather claim for it a higher destination.

The principal arguments in favor of the hypotheses which I have been combatting, have now been reviewed, and found (if I mistake not) wholly inconclusive. Some of them would invite a more extended discussion, but I must hasten to a close. I can not conclude, however, without calling attention to a few other points in the history of fibrin, which appear to bear strongly on its physiological relations.

1. Fibrin is a constituent of the chyle. Evident indications of it are found in the fluid drawn from lacteals of an animal in full digestion, at their very issue from the intestine; but its quantity progressively increases by the transformation of albumen, and its characters become more perfectly developed as the chyle moves along the vessels towards the thoracic duct, and through it into the venous system; and a further increase takes place as the blood passes from the venous to the arterial side of the circulation. We may affirm, therefore, that *the proportion of fibrin increases as the products of digestion approach the points where materials are needed for the nutrition of tissue*: and, we may ask, if fibrin be an excrementitious product, why should it appear *in the chyle* directly after its absorption? We can not account for its presence here by the waste of tissue, nor can we reasonably suppose the occurrence of a "retrograde metamorphosis"—a destructive change in the products of digestion as soon as they are absorbed.

2. Fibrin is normally found only in the *nutritive fluids* of the economy—the blood, chyle, and lymph. It is not a constituent of any *excretion*—as are all those ingredients of the blood which are admitted to be excrementitious—such as carbonic acid, urea, uric acid, creatine, &c.

3. Fibrin is nature's agent for the *arrest of hæmorrhage*. When vessels are divided, the coagulation of the blood is the means by which occlusion is mainly effected, and the flow permanently arrested. If the blood contained no fibrin, and were therefore not coagulable, hemorrhage, even from the slightest wound, could never be arrested by the efforts of nature. But for the same protective property, every separation of a gangrenous part would be attended with bleeding. Effusions of fibrin is also the means by which suppuration is circumscribed, and prevented from assuming that diffuse character which is sometimes so destructive. In these several particulars fibrin performs offices which are signally *conservative*. Can we say as much for any of those products of wear and tear which constitute the true offal of the system?

It has been aptly remarked that the organism *bears an increase of fibrin better than a diminution*. Witness the comparative gravity of sthenic inflammation, and the severer grades of typhoid fever. Not so with any organic compound of the excrementitious class. The accumulation of these in the blood is the signal of urgent peril.

4. Is it mere fancy that sees in the *spontaneous coagulation* of fibrin, and the definite disposition which its particles usually assume in solidifying, the indication of a special tendency to organization? And is it unwarrantable to argue therefrom, the possession by this principle of a certain degree of *vitality*? I know the chemico-physiological school of the present day repudiate *in toto* this ancient doctrine of HUNTER. They see in fibrin a mere chemical compound like albumen or gelatin—not more animalized than they—and regard its coagulation as a mere physical consolidation, really peculiar only in the conditions under which it takes place. But as these same philosophers reject altogether the intervention of vital forces in the operations of life, regarding the living organism as swayed wholly by the same physical and chemical laws which control dead matter, it is not from them that we are to expect an impartial answer, when any question of vitality arises. But if we recognize such a thing as vitality at all—if we regard organization as the invariable index and accompaniment of life—if we admit vitality in the egg, because under certain external conditions it becomes developed into a complex organized being—we must equally allow that a fibrinous effusion upon a living surface is vitalized: for, although external to the vessels which circulate the blood, and withdrawn from the sphere of action of the nerve force, it becomes, by virtue of its own inherent properties, the seat of a process of organization, which results in the development of living tissues, more or less perfectly resembling those

of which the organism was originally constituted: and as the plastic power which determines all these remarkable imitations of natural development pertains especially to fibrin, the presence of which is their *sine quâ non*, the recognition of vitality in it is not only allowable, but unavoidable. Its passage from a fluid state to that of a definitely arranged coagulum, is the first manifestation of that vitality.

All attempts to ascribe this coagulation to the operation of mere chemical or physical influences, have failed. It is a change which fibrin always undergoes of its own accord, when it is not kept *moving in contact with living parts*, whatever be the external conditions in other respects. When, in the course of the circulation, the plasma of the blood is effused from the capillaries into the midst of the tissues for their nutrition, the fibrin, being now *at rest*, is free to pass to the solid state, and enter into combination with the tissue or tissues of which it is the appointed food.

What those tissues are, we can not in the present state of the science declare. If we can not affirm positively that the *muscular* is one of them (or the only one), on the other hand, the differences between fibrin and the substance of muscle are not so great as to authorize us positively to *deny* it. It was with no hope of solving this problem that I undertook the investigation of this subject. What I have attempted to prove is, first, that fibrin is not a product of vital decay, but a principle destined for the nutrition of tissue; secondly, that its agency in this respect is not restricted to the tissues of the lowest grade. Further than this we can not go, without venturing into the domains of speculation. We have no just ground for affirming that fibrin is the only immediate tissue-forming ingredient of the blood—that the albumen (for example) which abounds there, must pass through the form of fibrin before combining with any living structure; the probabilities are all against such an exclusive view. But that fibrin is a *specially and eminently organizable or histogenetic* material—this I am convinced, is a truth which can not be successfully controverted. To this extent, at least, I am still content “*stare super antiquas vias.*”

ABSTRACTS AND SELECTIONS for the PENINSULAR AND INDEPENDENT.

By M. A. PATTERSON, M. D., Tecumseh.

ADHESIVE PLASTER IN MAINTAINING COUNTER-EXTENSION IN THE TREATMENT OF OBLIQUE FRACTURES OF THE LOWER EXTREMITY.

In the report of surgical practice in the Pennsylvania Hospital, continued in the April 30th No. of the *Med. and Surgical Reporter*, it is stated that Dr. NEILL, the surgeon on service, spoke as follows: “If there

is anything that the hospital is calculated to teach it is the proper treatment of fractures." Fractures may be as well managed in that hospital as in similar institutions, but if we except the adoption of adhesive bands for maintaining extension, a method by no means novel, no material change has been made during the last forty years in their apparatus for dressing oblique fractures of the thigh bone.

A similar apparatus, modified by Dr. BUCK, has been used in the New York Hospital for more than twenty years, in which the Desault and Phry-sick splint was originally introduced as a substitute for the double-inclined plane.

The Burge's plan is regarded by some intelligent surgeons as a decided improvement; approaching the ideal of Desault nearer than any previous method, "by making the tuberosity of the ischium the *point d'appui*," and obviating undue pressure upon the groin. It is also urged in favor of the Burge's splint that the patient may assume a sitting posture, at his pleasure, during the process of his cure. But Dr. LENTE, a surgeon of no small experience in this department of practice, remarks:

The fact seems to be that *neither the groin nor the tuberosity is fitted to bear alone the pressure of the counter-extension* in cases of considerable shortening, and therefore of great tension in the application of the extending power. It is therefore my object, in the further modification of the New York Hospital apparatus, to distribute *the pressure on these two points*.

Dr. LENTE's proposed modifications are ingenious, and may answer a valuable purpose; but, if Dr. GILBERT's views are correct, the mere modification of the splint is not an object of the first importance. The trouble usually arises from the friction, and *long continued pressure* of the unadherent counter-extending bands upon a comparatively small extent of surface, whether that surface be over the tuberosity of the ischium or the perineum.

Until within a few years it was found exceedingly difficult, in very many cases, to sustain the requisite extension, without injury to the tissues underlying the ordinary extension bands; now the use of adhesive plaster, with the attachment of LENTE's wooden block at the extremity of the loop, to prevent undue pressure upon the malleoli, seems to be all that is desired, so far as extension is concerned.

If, then, adhesive plaster has been found so useful in maintaining extension, why will it not answer equally as well for counter-extension? For the practical solution of this question, as intimated in the last No. of this *Journal*, we are indebted to Dr. GILBERT, who has communicated the results of his experience on this subject in a paper read before the College of Physicians of Philadelphia. From this paper, as published in the *American Journal of the Medical Sciences*, we quote as follows:

The adhesive plaster counter-extending bands become firmly adherent to a large extent of integument, consequently there can be no friction

upon its surface; and through this extensive union with the skin *pressure is widely and evenly diffused*. In the use of any of the ordinary unattached, counter-extending means, the extent of surface occupied at the seat of pressure does not exceed eight square inches; a fractional part only of which sustains its greatest intensity, viz., that which overlies the tuber ischii, the edge of its ascending ramus, and a narrow space of the body of the pubis. The extent of surface to which the adhesive plaster counter-extending bands are attached, on the other hand, amounts to about one hundred square inches, over all of which the tension and pressure are equally distributed. In the use of the former, all the tissues lying upon the points of bone mentioned, endure constant pressure, amounting often to constriction; in the use of the latter, through the elasticity of the skin, and the extensive distribution of the tractive power, pressure is slight and painless. In the use of the former, friction is produced continually by the movements of the body or limb; in the use of the latter, friction is impossible. The former glides over the surface, and acts as a ligature; the latter, being adherent, can not act thus. The former does not fix the pelvis; the latter holds it firmly, and keeps all the parts steady from the chest to the foot. The former requires the daily attention of the surgeon to relieve suffering and prevent abrasion; the latter requires no such attention, unless the bands loose their attachment, which ordinarily does not occur more than once during the whole period of treatment. In short, by the adhesive counter-extending bands, pressure is completely neutralized, friction can not occur so long as they remain adherent, perfect quietude of the fragments is maintained; the union consequently requires less time and less attention from the surgeon, and the patient is entirely free from the annoyance and suffering inseparable from the ordinary methods, no matter how great the power used to overcome the muscular contractions or how protracted the periods required for union in complicated cases."

Dr. GILBERT uses a common board splint, extending "along the outside of the limb from below the armpit opposite the nipple to about six inches below the foot." Anterior and posterior counter-extending bands of adhesive plaster, two and a half inches wide, cross each other just before they pass through the mortice holes at the upper extremity of the splint. These bands are applied so as to cross at the upper part of the thigh and perineum; and, when fixed, a horizontal adhesive strip, say three inches wide, is made to encircle "more than half of the pelvis; immediately below the christa ilii, for the purpose of more securely binding the counter-extending bands to the surface and increasing the extent of attachment of the counter-extending means." It must be obvious that the latter may be increased at will, as Dr. G. remarks,

Although the anterior and posterior counter-extending bands are usually quite sufficient, yet any additional amount of adhesive plaster may be applied, in order to diffuse the tractive force still more widely.

We are assured by Dr. GILBERT that he has thoroughly proved the superiority of the adhesive plaster over all other modes of effecting counter-extension, and that it is applicable to every conceivable case of oblique fracture, "not only of the thigh but of the leg." If this is so, the ordinary straight splints, a few strips of adhesive plaster, a little

wadding, a roller for the leg, many tailed bandage for the thigh, some cotton cloth, a small wooden block to place in the loop of the extension band, a tourniquet, or even a roller perforated with holes to receive wooden pins, with which to regulate the extension, constitute the essentials, at once cheap, simple, painless, and efficient, for dressing these troublesome fractures.

Dr. GILBERT recommends the use of a fracture-bed, which he thus describes:

It consists of a frame three and a half feet wide and six feet long, made of one and a quarter or one and a half inch plank, four inches wide, joined by mortise flatwise. Over this, sacking or strong canvas is tightly drawn, and secured by tacks. A hole is made in the centre, of a convenient size for the passage of the alvine evacuations. A sheet is thrown over the bed, with an opening to correspond; pillows are placed upon its upper end, and the bed is fully furnished. This is preferable to any of the complicated and expensive beds in use, because it possesses all the properties required in a fracture-bed, and yet it is so cheap and simple as to place it within the reach of every one, in any locality. It imparts the evenness and firmness of a mattress to the softest bed of down or feathers; the patient can have his evacuations, without the least disturbance of the fracture, by raising the frame and resting it upon stools or chairs; during the time the bed upon which it was placed may be changed and made up.

Dr. GILBERT does not claim to be the inventor of this bed; indeed it has been used in some localities for several years. The writer has found it a most valuable contrivance, not only as a fracture-bed, but in all cases of helplessness arising from rheumatic disease of the lower extremities, or other causes.

THE UTERINE SPECULUM.

A well known poet has, rather sneeringly, said —

“Physic, like music, hath fashion’s decree.”

Since the invention of the speculum, and the general circulation of Dr. JAMES HENRY BENNET’S book, uterine diseases have become alarmingly prevalent, if we may credit the statements of those who are striving to make the treatment of real or supposed lesions of this organ an actual specialty. A female can no longer complain of a pain in the side or back, or a weariness of the limbs, or a little nervousness, especially if troubled with a slight leucorrhœal discharge, without being informed that she has this fashionable disease; and this opinion must be verified by an immediate speculum examination. It is a humiliating fact that the innermost recesses of womanly modesty have been boldly invaded, without a shadow of necessity, by these specialty-mongers, and, that reports of cases of uterine disease have increased in a ratio proportionate to the multiplication of speculums.

Honest and well informed physicians everywhere admit that forms of uterine disease exist, in which the use of a speculum is indispensable; but

these cases, in our country practice, happily, are rare ; much more so than one would suppose from reading some modern essays on the subject.

It should be remembered that Dr. BENNET acquired his practical views and principles amidst the outcasts of society—a class of females, and a class of cases, came under his observation which are rarely met with beyond the precincts of overgrown towns and cities; and even there—in the school of BENNET's own pupilage—a world-renowned surgeon has declared that the speculum can be dispensed with “in nine cases out of twelve.” If such is the fact in a leading hospital of Paris, how much less frequent, in the same proportional number of cases, should the speculum be resorted to in a comparatively rural population where simple ulceration of the uterus, and, more especially, malignant diseases of that organ, are of such rare occurrence.

The following article from the pen of one of the most gifted and honorable physicians in our country should be read with attention. It is a laudable effort to dispel the growing medical and popular delusions with which the Uterine Speculum has been invested by idealists and specialists:

From the Virginia Medical Journal.

On the Speculum Vaginae.—By JOHN P. METTAUER, M. D., LL. D., of Virginia.

The employment of this instrument, of late years, in the exploration and treatment of uterine affections, has become almost as common as the stethoscope and percussion in the diseases of the thoracic organs. Even inexperienced practitioners, who have barely laid aside the swathings of their pupilage, presume to employ it, and speak authoritatively of the mode of applying it, as well as of the diseases demanding its use. They seem to regard the operation as a thing of little importance, as far as female delicacy is concerned, and to believe that poor woman should submit to it, even if a disease of the uterus is only suspected to exist, that might possibly render the speculum necessary hereafter.

Every enlightened and humane physician will concede that a necessity will sometimes arise for the employment of the speculum, as well as other modes of exploration, repulsive to female delicacy. In such cases a sacrifice of delicacy becomes a duty, and sensible women unhesitatingly submit to its wise and sacred behests.

The writer has undertaken this communication for the purpose of showing that the speculum, in the investigation and treatment of uterine diseases, has been needlessly employed, and its value, as a means of diagnosis, greatly abused. That the instrument is entirely unnecessary in a large majority of uterine diseases, the writer's experience abundantly testifies. His experience with the speculum, too, has long since satisfied him that the evidence furnished by it is often unsatisfactory, and not to be relied on; nay, in some instances, it is actually deceptive, by reason of the changes caused in the state of the os and cervix uteri, by the pressure of the instrument on them. It has frequently been the case, in the hands of the writer, that the pressure of the speculum has so changed the color and presenting surface of those parts, as actually to defeat the objects of the examination; and such will often be the case in engorgement of the uterus, and when there is malposition of it from retro- or anti-version. Generally, in determining as to the existence or non-existence of induration, engorge-

ment, the deviations of position, internal ulceration, and, very frequently, of ulceration of the os itself, no matter how carefully and skillfully used, it affords little if any information of a reliable and useful nature. Even when the three or four bladed instrument is employed, the operation and results will be obnoxious to these objections in a great degree, and they are the only reliable forms of vagino-uterine speculums in displaying the parts to be examined, and are also more readily and easily introduced; yet, little difficulty will be encountered in the use of any of the speculums now in use, even with a mere novice, who has carefully studied and learned the form, course, and depth of the vagina, the highly wrought and fanciful account of such difficulties, published in the *Monthly Stethoscope and Medical Reporter*, No. 2, Vol. 2, for 1857, to the contrary notwithstanding.

It is not pretended that the speculum is useless, or absolutely unnecessary in vaginal and uterine diseases. Far otherwise—as the writer has employed it in those diseases in some instances with the best results. It is to the officious and indiscriminate employment of it that he objects, and to the exclusion and neglect of the more reliable and delicate mode of examination by the “toucher.”

The speculum has not found general favor in France, although much employed in that country. At the head of its opponents there, the name of the distinguished VELPEAU stands conspicuous; and it is matter of gratulation to the writer to find his views supported by such high authority; yet he had entertained those views and carried them out in practice years before he was aware that VELPEAU had expressed similar opinions and objections.

It is probable that the physicians of this country and France more generally and indiscriminately employ the speculum than any others in the civilized world; and it is probable also that the taste for using it is due, in a degree, if not wholly, to the cliniques, as well as to the hospital practice connected with the medical schools of those countries, where female delicacy and exposure are regarded with little concern, as the subjects of the use of the speculum are derived from the most degraded classes of society, with whom modesty is only known by name. In many instances, the writer has met with women laboring under organic diseases of the uterus, who declared to him that they would sooner take their chance to live or die with the disease, than submit to the use of the speculum; and all are more or less opposed to it, even those who finally submit to its employment. Really, it is not to be wondered at, that a modest, delicate woman should feel unwilling to submit her person to such a revolting exposure; and the writer candidly owns that he has never yet applied the speculum, or even examined by the toucher, without being more or less abashed and disconcerted, by reason of the exposure the operation necessarily imposes on females. Even the ordinary modes of investigation by question and answer often greatly shock a modest female, and in a degree in some instances, embarrass the diagnosis of her diseases.

When organic disease of the uterus exists, and the rational symptoms fail in furnishing the requisite amount of information necessary to form a satisfactory diagnosis, nearly every intelligent woman will consent to a physical examination, if made sensible of the necessity for it, especially if proposition to do so is delicately presented; and such being the case, it is the duty of the physician, as far as is consistent with safety, to save his female patients all needless shock of feeling from indelicate questions or personal exposure.

Entertaining such views of this delicate subject, the writer some ten years since directed his attention to the investigation of organic diseases of the uterus, guided by the toucher, chiefly; and after repeated trials,

affording ample experience, he unhesitatingly states that the information it furnishes is far more reliable and satisfactory than that derived from any form of speculum, in determining as to the existence and nature of such diseases. In numerous instances, during the time above stated, he has tested the correctness of his diagnosis in uterine diseases guided by the taxis. Most of the examples presented ulceration of the os, but in many cases the cervix was also implicated more or less extensively. Ten of them exhibited the os patulus, exceeding in size a Spanish dollar, and deeply ulcerated, the cervix indurated considerably beyond the interior boundary of the corresponding border of the ulcer, and the general health greatly impaired.

After carefully examining into the condition of the os and cervix uteri by the toucher, he was enabled to detect ulceration with great certainty, as well as induration, engorgement, and all of the deviations of position.

An ulcerated os uteri presents to the experienced touch the same feel as an ulcer on the exterior of the body; and an accompanying induration of the surrounding parts is a very common attendant of such ulceration, as it is also of many external ulcers. Induration of the cervix, however, is decidedly more apt to accompany intra-cervical ulceration; and as it is uniformly met with in such ulceration of the cervix, clearly ascertained to exist, as well as frequently in ulceration of the os likewise, it may safely be inferred that it represents ulceration in all those cases in which the cervix is inaccessible to the touch, when indurated, without ulceration of the os.

In deciding as to the existence of induration of the os or cervix uteri, the speculum is absolutely useless. Even in ulceration, the information it imparts is unsatisfactory and unreliable. In engorgement and inflammation, it furnishes no information that is not derivable from the toucher, elucidative of those conditions, and is far more offensive to the feelings of a delicate woman than the investigation by the taxis.

The discharge said to be characteristic of, and peculiar to ulceration of, the os and cervix, is not by any means constant in appearance, nor does it furnish conclusive evidence in all cases that ulceration does exist when met with. If present, and just issuing from the os uteri, either in its semifluid or ropy condition, the speculum, if then applied, would only prove that the morbid secretion unequivocally proceeded from the os uteri. The discharge of this diseased product externally, however, affords as satisfactory evidence of the existence of ulceration of the os uteri, as if actually seen escaping from the uterine cavity, because its characters are sufficiently marked to remove all doubt of its identity.

Although furnishing pretty satisfactory evidence of the existence of organic diseases of the uterus, of itself, the revelations of the toucher should invariably be taken in connection with the other symptoms usually met with in such diseases, in forming a diagnosis. The ulcerated os and cervix, when accessible to the touch; the induration; the peculiar discharge; pelvic and dorsal pains; inability to stand long at a time; frequently, abdominal pains; disordered digestion; nervousness; depression of spirits, and the peculiar desponding expression of countenance termed "facies uterine," when taken together, leave little room to doubt as to the existence of ulceration of the os and cervix uteri.

The speculum will be demanded in those cases in which the os uteri can not be reached by the finger, as then no other reliable plan could be adopted for exploring and treating such examples. Fortunately, these latter instances are rarely to be met with, as the writer has only witnessed two out of over a hundred cases treated by him in ten years. It will also be required in scirrhus uteri, when the indurated cervix is to be excised; and when adhesions between the os or cervix and vagina exist. And it will be

indispensable in cauterizing the uterus with the incandescent iron, and in leeching or scarifying the organ.

For the purpose of cauterizing the os and cervix, the writer employs the nitrate of silver, and the acid nitrate of mercury, conveyed to the parts, concealed by a canula directed by the index finger of the right hand; and the operation should be repeated once in three or four days, or after longer intervals, if the previous operation is followed by prolonged bleeding, until the cure is perfected. The nitrate of silver is best adapted to the mild or slight examples of ulceration; while the acid nitrate of mercury should be used when the ulcers are deep and extensive, and especially if the cervix is decidedly implicated. It is best, however, to begin the treatment with the nitrate of silver; and if amelioration seems tardy, then to employ the acid nitrate of mercury in alternation with the caustic silver.

The position most convenient to the operator for examination, as well as for the application of remedies, is on the left side, with the thighs flexed on the trunk, and the legs on the thighs. The person should invariably be covered, and the nates placed near the border of a bed. In this posture, the parts can generally be reached and examined with the index finger of the right hand with entire convenience; and is also the best for the application of the speculum, as well as the cauterizing agents employed through it.

The first trials, in the use of the caustic, upon the plan advocated in this paper, will, in all probability, be attended with some difficulty; but gentle efforts, repeated again and again deliberately, will soon impart the requisite dexterity of manipulation to insure success; and, after learning how to apply the remedy, the ease with which it can be done will astonish both patient and physician.

A crayon formed of the nitrate of silver, or the stick itself, may be used, applied as already intimated; and, for the application of the acid nitrate of mercury, a short, full camel's hair brush, or mop, saturated with the undiluted solution, answers best. The canula should be fully ten inches in length, of proper calibre to contain the crayon, or mop, and open at both ends, so as to allow the handle of the crayon to project sufficiently beyond the free, or outer extremity, so as to be held and wielded by the operator's left hand; and it may be formed of silver or glass; the latter material the writer employs, and decidedly prefers.

To guard against vaginal irritation, from accidental diffusion of either of the caustics over its surface, after being applied to the uterus, a weak solution of common salt should invariably be injected into the vagina immediately after any cauterization—using for the purpose a female glass syringe—taking care at the same time that this saline solution is effectually applied to the upper portion of the passage immediately around the cervix uteri. After this, the vagina may be abluted daily with simple water or mucilaginous infusions, such as slippery-elm or flaxseed teas, applied tepid or cool, as may be preferred by females. The saline wash may also be used tepid or cool, according to the fancy of different patients.

The bowels should be kept in a soluble, easy condition, using for the purpose, when necessary, mild aperients especially gentle aloetic preparations. When induration of the cervix exists, and if the habit is anæmic, the iodide of iron will be proper. If anæmia, without induration, is present, and more especially should there be nervous debility, and marked depression of spirits, frequently tending to deep despondency, the phosphate of iron will be indicated. It will sometimes be necessary to resort to vegetable tonics in these cases; and in many instances nothing answers better than good porter. The cold infusion of wild cherry bark (*prun. virgin.*) will very often supersede all other vegetable tonics; and the cases

most likely to be benefited by it are those attended with undue nervousness, as well as debility. When the liver is torpid, and bowels refuse to respond to the action of aperients, the nitro-muriatic acid mixture will be found signally beneficial. The diet should invariably be simple, and moderately nutritious.

It will greatly promote recovery, to require patients to remain in bed, or in a recumbent posture, during treatment; and for months after recovery, every species of traveling will be hurtful. The utmost care should be taken to guard patients against exposure to variable temperature. Catarrhal disturbances invariably aggravate uterine diseases of every kind, and in none do they prove more hurtful than in ulceration and induration of the os and cervix.

COMPRESSED SPONGE.

During the last two years some interesting articles have appeared in the *N. Y. Journal of Medicine*, descriptive of the utility of compressed sponge as a surgical appliance, in cases in which firm and continued pressure may be indicated. The last and most complete essay on this subject is from the pen of Dr. J. P. BATCHELDOR; who has the credit of first suggesting its value for the compression and consequent absorption of morbid products.

Dr. BATCHELDOR's directions for preparing the compressed sponge, and applying it in cases of mammary abscess, are as follows:

The softest pieces of sponge should be selected, each piece being large enough to cover the entire breast. The sponge should be carefully washed, to remove any gravel, shells, etc., it may contain; and when thoroughly dried it is compressed for a long time under a heavy weight or between the lips of an ordinary carpenter's vise. The sponge, when thoroughly pressed, should be bound as firmly to the breast as the patient will allow, by means of a bandage passing several times around the body above and below the other breast, a piece of lint being placed between the breast and the sponge, to prevent the latter from irritating. It is then soaked with cold water, and the bandage preventing the sponge from expanding outwardly, its expansion makes the desired pressure on the breast.

The patient usually complains of pain for ten or fifteen minutes after the application. The temperature of the water dressing is soon raised to that of the body, and thus we have the essential elements of a poultice, — heat and moisture — without the inconvenience of an ordinary poultice. This soft yet firm compression adapts itself evenly and equally to the whole breast, and the sponge not only forces out the matter, but absorbs it. The sponges are to be kept wet during the whole time of their application. The patient soon becomes accustomed to them, and the alleviation of suffering is so great, as to cause her to request the continuance of the treatment. The sponges should be renewed daily.

Dr. BATCHELDOR also proposes the use of sponge as a *Tent*; for which purpose he directs two ways to prepare it: —

1. By winding a piece of clean, fine sponge, well moistened with water, with a thread or small cord, and letting it remain till thoroughly dry, when it will be fit for use on the removal of the thread;
2. By

saturating a piece of sponge with a solution of gum arabic, weak or strong according to the particular use which is to be made of the tent, and then winding it with a small cord, as fine pack-thread, which is to be removed when dry, and the tent made smooth with a sharp knife, and adapted in size and shape to the use which is to be made of it. It should always be prepared with the mucilage when designed for dilating the canal of the cervix uteri; or to be used in any other part where moisture might occasion premature expansion, *i. e.* before it can be properly inserted; also when it is desirable to avoid rapid dilatation, which sometimes causes considerable pain or uneasiness. When the tent can be introduced with facility, the mucilage should be dispensed with. To facilitate the winding, the piece of sponge should be transfixed with an awl, which must be removed as soon as the winding is finished. When the tent is to be used for dilating the canal of the cervix uteri, or a stricture of the rectum, or in any other internal part from which it is to be withdrawn, it will be expedient, before winding, to carry a needle armed with a strong thread through the centre of the piece, from base to apex and back. These free portions of the thread, twisted together, will form a cord sufficiently strong for retraction.

In the form of a tent or by external compression, compressed sponge has been applied by Dr. B., with decided benefit, for dilatation of the cervix uteri in cases of sterility, difficult menstruation, and for the relief of other affections of the part or organ; dilatation of sinuses; fistula in ano; dilatation of the meatus auditorius; ulcerations of nasal cavities and bones; dilatation of strictures of the rectum or urethra; dilatation of the female urethra; hemorrhoidal tumors; morbid growths of bone or soft parts; swelled testicle; caries and necrosis; syphilitic vegetations; non-malignant tumors; enlarged joints; as a styptic in hemorrhage.

NOVEL SUBSTITUTE FOR A FEMALE CATHETER. By T. W. W. SMART, M.R.C.S.

The letters of Dr. DUKE and Mr. PARK in *The Lancet* of 12th and 19th instant, have brought to my remembrance a case which occurred in my practice many years since, in which I made use of a "novel substitute." Visiting one day a female patient suffering with paralysis, at the distance of six or seven miles from my residence, I found her laboring under the retention of urine. Unfortunately, I had no female catheter in my pocket, and so, under the stimulus of necessity, I adopted the following expedient:—Whilst reflecting on what was to be done, I perceived in one corner of the bed-chamber a bundle of gleaned corn, and the thought suggested itself, can not I extemporize a catheter in one of those stalks of wheaten straw? So, selecting a well-adapted specimen, I reduced it to a proper length, and having shielded the sharp edge with a coating of sealing wax, introduced it without any difficulty, and, to my great satisfaction, relieved the bladder.

The moral I would draw from these substitutions would be in the shape of a bit of advice to my younger professional brethren: never in country practice go without your case of pocket instruments, for the want of them may sometimes put you to great inconvenience.

[*London Lancet.*

ANTIDOTE FOR PHOSPHORIES.

Poisoning by Phosphorus is becoming common from the facility of procuring lucifer matches. It is, therefore, important that the antidote which has of late been found the most efficacious, should be extensively known.

MESSRS. ANTONIELLA and BORSAVELLI have shown by numerous experiments on animals — 1st. That fatty matters should not be employed in poisoning with phosphorus, as these matters, far from preventing its action on the viscera, on the contrary increase its energy and facilitate its diffusion through the economy: 2d. That calcined magnesia, suspended in boiled water, and administered largely, is the best antidote; and at the same time the most appropriate purgative to facilitate the elimination of the toxic agent: 3d. That acetate of potash is extremely useful when there is dysuria in poisoning with phosphorus: 4th. That the mucilaginous drinks which are given to the patient should always be prepared with boiled water, so that these beverages may contain as little air as possible.

[*Med. News.*

RESPIRATORY MOVEMENTS OF THE INFANT IN THE UTERUS, PERCEPTIBLE BY AUSCULTATION. By Dr. B. SCHULTZE, of Berlin. Translated from the *Gazette Médicale.*

The attempts at respiration of the infant in the uterus, when the placenta is detached, are well known, but these movements have not yet been proven by the stethoscope. The author having been called to a woman in labor for the fourth time, found the cord prolapsed. During his attempts to reduce and pass the cord above the head of the fœtus, he felt movements of the child, throwing its head backwards, and opening its mouth at regular intervals. Mr. SCHULTZE retained the hand in the uterus, placed his ear over this region and heard between the sounds of the heart a gurgling noise, similar to that which is sometimes heard in the intestines, but coinciding with the movements of the mouth. The infant was born asphyxiated, and epidermic cells, fine hair, and meconium, coming from the amniotic fluid, were found in the air passages, evidently inhaled by he efforts at respiration.

[*Savannah Journal of Medicine.*

Pharmaceutical Department.

The Ginseng Excitement.

The newspapers having teemed of late with paragraphs concerning an unusual excitement among the citizens of Minnesota, who were turning out "*en masse*," to dig the roots, it occurred to us that, having subscribers in the Ginseng district, we might obtain reliable information from them; and the result of addressing one of them is embodied in the following letter:

Faribault, Rice Co., Minnesota, July 1st, 1859.

Mr. FREDERICK STEARNS:

Dear Sir,—Yours of the 16th of June was duly received. In that letter you request me to give you some statistics, commercial and otherwise, of Ginseng; and, in answer, would submit to you the following:

It is found only in timbered land, selecting such soil as produce the Sugar Maple, Basswood, Butternut, and Black Walnut, and where the surface of the land is rolling or undulating. Such lands in our State are not generally very heavily timbered.

That portion of our State where it is most to be found is in what are termed the *Big Woods*, lying between the town of Faribault on the east, and the South Bend of the St. Peter's River on the west, and from that line extending down the river in the direction of St. Paul's. The distance across this timber from Faribault to Mankato is about forty miles; but as you pass down the river it grows narrower, and disappears altogether near the town of Shacopee, some thirty miles above St. Paul's. It is not all over this piece of timber that the Ginseng grows, but only on such portions as are above indicated, and these will not comprise but about one-fourth part where it will grow in sufficient quantity to make it profitable to gather it.

The points at which it has been carried on chiefly, are Faribault, Mankato, and St. Peter's. Small places in the timber, and on the St. Peter's River, have done something, but these principally.

The root is dug, and carried as dug, to a particular point, chosen for its convenience, where it is properly washed and dried. Some have steamed the root, and then put it on trays in a tight room, where the thermometer ranges from one hundred to one hundred and twenty; while

others lay them on a scaffold for several days, in the sun, and then finish them in the dry-house.

The first look the handsomest, and I think command the highest price in the market, while, to my mind, the latter method leaves the root in its most natural state. The green root has commanded prices varying from six to ten cents, and in a few instances even more—the average being about eight cents. It has taken from four to four and a half pounds of the green root to make one of the dry, but I am told that in the fall of the year it takes only about three.

The amount of the dried root that has been shipped from this place, as near as I can learn has been between twenty-one and twenty-two thousand pounds, and that sent from the different points along the St. Peter's to St. Paul, to be shipped has not exceeded eighteen thousand. The time spoken of the shipment from St. Paul was about the 20th of last month.

I am informed that it has been found in the vicinity of Crow River, some distance above St. Paul, but have not learned to what extent. Up to the time spoken of there had been no shipment made of Ginseng from that locality, and the presumption is that the amount will be small.

The expectations of large shipments being made to the cities on the seaboard has had the tendency to depress the market price there, and that in turn has had the effect to entirely stop the trade throughout the State. Every town, large or small, in the vicinity of those locations where it grew, were more or less engaged in it; but since the news of the price having declined reached us, every operator has declined buying, and no more roots are brought into the market.

The larger share of the roots prepared for market have been shipped; and should the price continue as it is, very little more will be collected and dried for shipment.

This is as fair a statement as I can give; and you can make such use of it as you may think best.

Most Respectfully Yours,

W. H. STEVENS, M. D.

Ginseng is very abundant throughout this State, and there is no reason why it should not be profitably collected at present ruling rates. It is unfortunate for the Minnesotians that they chose the wrong season to collect it, as it should not be dug until after the blossoming and ripening of the seed of the plant—say from August to October.

The most sensible method of curing it would be in the open air, but under shade.

F. S.

CHICKWEED.

Mr. HEINTZELMAN made the investigation of the medical property of the *Anagallis arvensis*, or Chickweed, the subject of a thesis read before the College of Pharmacy, Philadelphia.

Besides gum, albumen, resin, etc., he found a minute portion of volatile oil, of strong odor, pungent acrid taste, sp. gr. 0.987, soluble in alcohol, less in ether, inflammable, burning with a bright flame diffusing its peculiar odor, poisonous (four drops causing intense headache and nausea, which lasted twenty-four hours, accompanied during the whole time, by pains throughout the nervous system).

This plant has formerly been held in high estimation as a remedy for hydrophobia, but has, like a thousand others, fallen into disuse.

Chickweed produces, in *small doses* (say one to two drachms in form of powder), profuse perspiration, soothes pain, &c., ; but in *larger doses* it produces all the effects of a narcotic poison upon the frame and nervous system.

[*Am. Jour. Pharmacy.*]

ON THE ADMINISTRATION OF MEDICINE TO CHILDREN.

M. WANU having much to do with the diseases of children, wishes to impress upon practitioners the importance, in the case of important medicinal substances, of having them administered, whenever practicable, in their own presence. He also states some of the means he adopts to enable certain medicines to be more easily got down. Thus the subnitrate of *bismuth*, in large doses, which is of such value in diarrhœa and the gastrointestinal affections of children, often subsides to the bottom of the spoon when given in broth or milk ; and it is much more readily taken also by children of about two years old when given in chocolate prepared with water, and thickened with tapioca or crumbs of bread. In this way seventy grains and more may be given night and morning. In the same way *iron* can be very readily given. *Ratany* and *catechu*, two precious drugs, the action of which, when in small doses, is soon manifested in children, can also very readily be given in this chocolate panada. Chocolate made with either milk or water, and flavored with canella or vanilla, is usually very readily taken by children, and its dark color facilitates the mixing of numerous colored medicinal substances, which would be observed by the little patients were they given in milk, broth, or any infusion. *Ratany* and *catechu* may also be well triturated and mixed with quince jelly, the flavor of which, while masking that of other substances, is very agreeable to children. *Sulphate of soda* and *sulphate of magnesia* are substances very difficult to get even adults to take. The sulphate of soda may often be administered to children, by dissolving 10 parts in 150 of unsalted beef-tea, and waiting until the child is sufficiently thirsty to swallow a cup of liquid almost without tasting it. For adults, the best means is to dissolve the sulphate of soda or magnesia in exactly the quantity of hot water necessary for its complete solution. This is allowed to get cold, and a glass of pretty strong lemonade is prepared. Holding a glass in each hand, that containing the salt is rapidly drunk, and then the lemonade is slowly drunk—masking the detestable taste of the purgative, and supplying enough fluid to prevent its

proving too irritating. *Corsican moss* is another substance which children take with difficulty; but if an infusion be made and strained, and then added to unsalted beef-tea, it will be readily swallowed. *Calomel* is one of the most difficult medicines to give, when children are too young to swallow pills, which is the case under six years of age. Incorporating it in honey is the best means—rinsing the mouth afterwards, to prevent any adhering to the gums. It should never be given in currant, or any other jelly: a death having occurred a few years since from the conversion of the calomel given in currant jelly into a bichloride. It is safest to prohibit any acid drink being taken on the day that calomel is given. *Ipecac* may be given either in the chocolate panada or in honey. When it is impossible to give any medicinal substance by the mouth, it may be administered by the rectum, taking care first to empty the gut by tepid water or an emollient decoction, and that the bulk of the medicated enema do not exceed from four to six ounces, so that it may be retained and absorbed.

[*Druggists' Circular.*]

ÆSCULIN IN INTERMITTENT FEVER.

MORCHON publishes the results which a Dr. MONVENOUX has obtained by the administration of Æsculin (bitter extract of the Æsculus H. horse chestnut) in intermittent fever.

The medicine was prescribed for thirty-two patients, of which twenty-eight were laboring under the fever and four under intermittent neuralgia; of the former twenty-two were cured—the remaining six requiring the sulphate of quinia; of the latter, two were cured.

The æsculin was given in doses of one or two grains during the apyrexia.

[*Virg. Med. Jour.*]

CHROMATE OF POTASH IN WARTS.

M. BLASCHKO recommends the following formula as one of certain operation, even in old standing and inveterate warts:

Chromate, gr. $1\frac{1}{2}$, lard 3j. M. To be rubbed in night and morning.

[*L'Union Med.* 1859, and *Med. News & Lib.*]

POWDERED BLUE MASS.

Mr. RITTENHOUSE offers in *The Druggist* the following formula for powdered blue mass, which he had found after repeated trials, to furnish a satisfactory product:

Take of Mercury	1 oz. Troy.
Pulv. Licorice Root	$\frac{1}{2}$ oz. "
Pulv. Rose Leaves	3 i.
White Sugar	1 oz. 33.
Water	f 3 ij.

Mix half an ounce of sugar and two drachms licorice root in a mortar, add the mercury, then the water gradually; triturate the materials rapidly, until the mercury is extinguished (which can be readily done in five minutes), then add the remainder of the ingredients, and mix thoroughly; spread the damp powder upon paper for a few hours to dry. Powder and sift it. This formula has the advantage of producing a preparation identical with the Pil. Hydrarg. of the U. S. P., in composition and strength, and is easily prepared.

AMERICAN PHARMACEUTICAL ASSOCIATION.

The Seventh Annual Meeting of the "American Pharmaceutical Association," will be held in the city of Boston, Mass., on Tuesday, the 13th day of September next, at 3 o'clock P. M.

The objects of the Association and the conditions of membership are explained in the following extracts from the Constitution.

ARTICLE I.

This Association shall be called the American Pharmaceutical Association. Its aim shall be to unite the educated and reputable Pharmacutists and Druggists of the United States in the following objects:

1st. To improve and regulate the drug market, by preventing the importation of inferior, adulterated, or deteriorated drugs, and by detecting and exposing home adulteration.

2d. To establish the relations between druggists, pharmacutists, physicians, and the people at large, upon just principles, which shall promote the public welfare and tend to mutual strength and advantage.

3d. To improve the science and the art of Pharmacy by diffusing scientific knowledge among apothecaries and druggists, fostering pharmaceutical literature, developing talent, stimulating discovery and invention, and encouraging home production and manufacture in the several departments of the drug business.

4th. To regulate the system of apprenticeship and employment so as to prevent, as far as practicable, the evils flowing from deficient training in the responsible duties of preparing, dispensing, and selling medicines.

5th. To suppress empiricism, and, as much as practicable, to restrict the dispensing and sale of medicine so regularly educated druggists and apothecaries.

ARTICLE II.—OF THE MEMBERS.

Section 1. Every pharmacist or druggist of good moral and professional standing, whether in business on his own account, retired from business, or employed by another, who, after duly considering the objects of the Association and the obligations of this Constitution, is willing to subscribe to them, is eligible to membership.

Section 2. The mode of admission to membership shall be as follows: Any person eligible to membership may apply to any member of the Executive Committee, who shall report his application to the said Committee. If after investigating his claims they shall approve his election, they shall at the earliest time practicable report his name to the Association, and he may be elected by two-thirds of the members present, on ballot. Should

The Peninsular and Independent.

an application occur in the recess, the members of the Committee may give their approval in writing, which, if unanimous, and endorsed by the President, shall constitute him a member, and the fact be reported to the Association at the next succeeding meeting.

Section 3. No person shall become a member of this Association until he shall have signed the Constitution, and paid his annual contribution for the current year. All persons who become members shall be considered as permanent members, but may be expelled for improper conduct by a vote of two-thirds of the members present at any annual meeting.

Section 4. Every member shall pay into the hands of the Treasurer the sum of two dollars as his yearly contribution, and is liable to lose his right of membership by neglecting to pay said contribution for three successive years. Members shall be entitled, on the payment of three dollars, to receive a certificate of membership signed by the President, Vice-President and Secretary, covenanting to return the same to the proper officer on relinquishing their connection with the Association.

Section 5. Every local Pharmaceutical Association, shall be entitled to five delegates in the annual meetings; who, if present, become members of the Association, on signing the Constitution, without being balloted for.

JOHN L. KIDWELL, Pres."


Georgetown, D. C., June 25th, 1859.

NEWS ITEMS.

The power of straw as a conductor of electricity has been utilized in the south of France, no less than eighteen communes in the neighborhood of Tarbes having been provided with conductors composed of straw. Experiments show that an electrical shock sufficiently powerful to kill an ox may be discharged by a single straw.

Mr. Jacob Bell, of London, Eng., the President of the Pharmaceutical Society, died on the 11th ult. He bequeathed the best of his pictures to the English nation. Among them are several by Sir Edward Landseer, and a small "Horse Fair" by Rosa Bonheur.

The *City Press*, a London paper, states that there are in that city 12 hospitals for general purposes; 46 for special purposes; 34 dispensaries, giving relief to 365,956 persons every year. Income £300,000.

 We are indebted to the courtesy of the officers of the State Medical Society of Iowa, for a copy of the Proceedings of last meeting, June 15th, 1859.

TO DRUGGISTS.

THE HALF-INTEREST of an OLD ESTABLISHED DRUG STORE, doing an excellent business. Any one who can come well recommended, and having \$2,000 CASH, will meet with an opportunity rarely to be met with. Apply to

F. HALE, 46 Beekman St., New York.

THE
PENINSULAR AND INDEPENDENT
MEDICAL JOURNAL.

VOL. II. DETROIT, SEPTEMBER, 1859. No. 6.

Original Communications and Translations.

ART. XXIII.—Ether and Chloroform.

By H. O. HITCHCOCK, M. D.

Is the similarity in the effects of chloroform, sulphuric ether, and other anæsthetics of this class, to the effects of carbonic acid gas, upon the animal economy, evidence that carbonic acid gas is *the efficient* anæsthetic agent in them all?

That carbonic acid has anæsthetic properties is unquestionable. The numerous experiments recently made with it as a local anæsthetic, and the assumed similarity of phenomena in cases of death from this agent to those in persons dead from chloroform or ether, have led some to believe and teach that carbonic acid is the only really efficient anæsthetic agent in them all. I have, therefore, been at some trouble to give an analysis of the symptoms and *post-mortem* appearances of thirty-three persons who have died from the effects of chloroform, or chloric ether, and seven persons dead from carbonic acid gas.

I am aware that the cases (especially of the latter class) are too few to warrant any positive deductions, and deaths from other anæsthetics than chloroform have been but few, and the record of none of them has fallen in my way. I have found, as will be noticed, a great scarcity of cases in which the effects of carbonic acid have been well recorded in the symptoms and *post-mortem* appearances. We may, however, approximate to the truth; and, if nothing more, this paper may set us more vigilantly on the inquiry after it.

The symptoms of the thirty-three persons dead from chloroform are given with unfortunate brevity in the article from which I have made this analysis; and our reasoning in this part can not be as satisfactory as it otherwise would be.*

Symptoms.

Of these thirty-three cases there was noticed

The face pale in	9 cases.
The face afterwards becoming red, or livid, in	4 "
Muscular rigidity, and convulsive movements in	4 "
Muscular relaxation in	4 "
Respiration ceased gradually in	11 "
Respiration embarrassed or irregular in	4 "
Respiration continued after pulse had ceased in	7 "
Respiration not specified in	16 "
Froth or foam at mouth (not specified in others) in	3 "
Heart's action ceased suddenly in	17 "
Heart's action not mentioned in	14 "

The Length of Time, after the Commencement of the Inhalation, at which the thirty-three Cases died.

- 5 persons are said to have died instantly.
- 4 persons within 2 minutes.
- 4 persons within 5 minutes.
- 4 persons within 10 minutes.
- 2 persons within 30 minutes.
- 4 persons "very suddenly," or "very soon."

* *New York Journal of Medicine*, May, 1853.

1 person "in a few minutes."

1 person uncertain.

6 persons not stated.

1 person "in about 3 hours."

1 person "in a few months."

[Probably "months" should here read "minutes."]

So that of the twenty-six persons, the time of whose death is stated, all but two died within less than half an hour, and one-half of them within five minutes.

Quantity of Chloroform used in each of these thirty-three Fatal Cases.

In 11 cases, one drachm or less was used.

In 5 cases, two drachms or less.

In 1 case, three drachms or less.

In 2 cases, $\frac{3}{4}$ ss. was used.

In 4 cases, $\frac{3}{4}$ 1 and more.

In 10 cases, quantity not stated.

In 1 case, several doses.

Now, as in nearly all these instances the anæsthetic was administered by a sponge, or cloth of loose fabric, it is not probable that the first eleven cases could really have inhaled more than one-half a drachm—probably much less, on account of evaporation, and the saturation of the sponge or cloth. Certain it is, that *several* of them did inhale but a *few drops* of the agent. And it is also true that those who took the *smallest* quantities died quite as quickly, and with just as characteristic symptoms, as those who took the largest.

Post-mortem inspection was had in only nineteen cases out of the thirty-three, and the appearances are not given with so much definiteness, nor to such extent, as could be desired; but I have analyzed them as well as I was able.

It is reported that

The Brain, in 5 cases, was healthy.

in 1 case, firm.

in 1 case, soft and slightly cedematous.

The Membranes, in 3 cases, were congested.

The Sinuses, in 1 case, held much *uncoagulated* blood.
in 1 case, held less blood than usual.

And in 7 cases, nothing said of brain or its membranes.

The Lungs, in 10 cases, were congested.
in 3 cases, were emphysematous.
in 2 cases, were tuberculous.
in 1 case, were "very black."
in 2 cases, were healthy.
in 1 case, were collapsed.

In no case were the lungs spoken of as *remarkably* congested; and in almost one-half the cases we are led to infer that no congestion at all existed.

The Heart, in 12 cases, was "flaccid" or "flabby."

in 1 case, was healthy.

in 1 case, was moderately firm.

in 7 cases, was empty.

in 6 cases, there was blood in the right cavities—*most* in ventricles.

in 1 case, the auricles were empty, and about 1 oz. of blood in each ventricle.

in 4 cases, the condition of the heart is not mentioned.

The Blood, in 15 cases, was fluid.

in 5 cases, was dark.

in 1 case, fibrinous clots found in the heart.

in 1 case, was thick.

in 2 cases, the condition of the blood is not mentioned.

The Liver, in 1 case, was congested—not mentioned in all the others.

The Kidneys, in 4 cases, were congested.

in 1 case, was diseased.

in 14 cases, were not mentioned.

The Spleen, in 1 case, was congested.

The Veins, in 3 cases, contained air.

General Summary of the Symptoms produced by Fatal Inhalation of Chloroform.

Excitement—cessation of motion—pupils dilated—sphinctus relaxed—face pale—lips congested—breathing becomes slow, and often stertorous—surface cold—pulse *gradually* sinks, but in some cases with such rapidity as to induce syncope. Violent convulsions have, in some cases, supervened.

As persons who die from the effects of carbonic acid gas, or coal gas, are not often seen until dead, or nearly so, I can only give a summary of the symptoms as given in Volume XV. of the *British Foreign Medical Review* :

Vertigo—cephalgia—nausea, with vomiting—disturbed intellect—loss of consciousness—general weakness and depression—partial paralysis—convulsions—and the usual phenomena of asphyxia.

The time at which the seven cases of which I now present the report, died, I have not marked definitely ; but it was *several hours* in all of them.

Of the quantity of carbonic acid breathed in each case we can not speak with any certainty ; as we have no data from which to calculate it.

Post-mortem Appearances.

In 5 cases, the brain and spinal cord congested—the vessels of the pia mater specially gorged.

In 3 cases, considerable effusion of coagulated blood between the dura mater and the bony canal.

In 3 cases, the air passages, from base of tongue to capillary bronchial tubes, were strongly injected.

In 2 cases, mucous membrane of air passages injected and echymosed.

In 5 cases, this mucous membrane covered with thick viscid froth, with streaks of blood.

In 5 cases, the parenchyma of lungs was, throughout its whole extent, of a bright red color, contrasting strongly with the dark color of the surface of the organs.

In 5 cases, blood was coagulated in the heart, particularly in the right side.

In 4 cases, liver gorged with blood, of a deep red.

In 2 cases, the blood is said to have been fluid.

In 2 cases, the blood was florid.

In 2 cases, the muscles were florid.

In 2 cases, intestinal mucous membrane was injected, and in many spots echymosed.

Of the proportions of carbonic acid to the atmospheric air that can be breathed, there are conflicting statements and opinions.

It is said that the gas, mixed with twice its bulk of air,

can be respired, "*for a while*" without fatal effects. On the other hand, ten per cent. of carbonic acid is said to produce death slowly in animals respiring an atmosphere so vitiated. On the best estimate that I have been able to make from published experiments, 30 cubic inches is about the average amount of air inhaled at each regular inspiration. After an individual has come somewhat under the influence of chloroform it is probable that 60 or even 70 cubic inches would not be an over-estimate. One drachm of chloroform contains carbon sufficient to give, when all used, 65.628 cubic inches of carbonic acid. One-half drachm, then, is capable of giving 33 cubic inches in round numbers.

Now, it is not at all probable that the half-drachm would be inspired as vapor in less than ten inspirations, which would give us 3 cubic inches to each inhalation; or 10 per cent. of the atmosphere taken in in an ordinary inspiration, and only 5, or even 4, per cent., when the inspirations become longer and fuller.

Hence, I think we may safely reason that carbonic acid gas is *not* the *cause* of the fatal effects in the use of chloroform, and in so far we may answer the question proposed, that it is *not* the *efficient anæsthetic agent* in chloroform.

If the cases be considered in which only a few *drops* of chloroform can be supposed to have been inhaled, the truth becomes still more certain. Moreover, when we consider the certainty that all of the inspired vapor is *not* absorbed, and the great improbability that all that is absorbed becomes decomposed and gives instantly its full complement of carbonic acid, it seems almost to have been *demonstrated* that our conclusion is correct.

Although there is some similarity in symptoms, yet it appears to me there is difference sufficient to show that the two agents are only *similar*, but *not identical*.

But even if the symptoms in the two cases were more

exactly alike, the *suddenness* with which the patients died from chloroform would be proof positive that the two agents are indeed different.

Our conclusions thus far are eminently supported, it seems to me, by the *post-mortem* appearances. Death from chloroform, according to my judgment, *begins* at the *heart*, while carbonic acid affects much more the lungs, and is a more slowly-acting poison to the nervous system.

It appears to me, then, that we are warranted in giving a decided answer to the question with which we started,—That there is *no evidence*, from the similarity of symptoms and *post-mortem* appearances of persons dying or dead from chloroform and carbonic acid, to warrant us in concluding that the efficient agent in chloroform and anæsthetic ethers is identical with carbonic acid.

KALAMAZOO, August 2d, 1859.

ART. XXIV.—The Normal Hypertrophy of the Heart during Gestation and Its Pathogenic Importance.

By Dr. LARCHER. Translated by A. SAGER, M. D.

The vascularity of an organ is in direct proportion to the importance of its functions.
SERRES.

It is the function which determines the organ, and not the organ which determines the function.
MILNE EDWARDS.

BEFORE asking the attention of the scientific world to the result of our researches, especially now, when the vast field of human anatomy has been so thoroughly gleaned that scarcely anything remains to be discovered, and little remains to be said, either in regard to the structure or the functions of organs, we must confess to no little hesitation, and have often asked ourselves whether, in announcing a new fact, and proclaiming a physiological law before

unknown, we might not be chargeable with temerity. Acting however under a clear conviction, and in the hope of adding a grain of sand to the vast edifice of science, we have decided to submit our work to public criticism.

Our remarks upon this subject will be divided into two parts. In the first part, we will present the anatomical fact which we have discovered, point out its generality, and its physiological consequences; in the second part, indicate its pathogenetic relations and importance.

I.

The physiological law which constitutes the subject of this memoir was discovered many years since. It may be stated concisely as follows, viz:

The heart, in the human species, normally becomes hypertrophied during gestation.

Our position as *Interne* at the Maternity Hospital of Paris, in 1826-7, placed us in the most favorable circumstances for detecting the hypertrophy of the left ventricle during gestation, and also for ascertaining its influence.

The cases that fell under our observation were females between the ages of 18 and 35 years, and were so numerous that every imaginable variety of temperament and organization were represented in turn. Some had been ill a long time prior to accouchement, others only for a brief period, but much the greater number had been in perfect health previous to parturition; and nearly all had fallen victims, more or less promptly, to puerperal fever. No internal disorder, no lesion of other organ had therefore preceded or induced hypertrophy of the heart. We are therefore led to this rigorous conclusion, that the condition of the heart was physiological and necessary, and could have been induced only by the condition of gestation.

Our observations have been so numerous as to leave no room for reasonable doubt. They were extended to about

130 cases, and these constitute the basis of our remarks, and their deductions.

In admitting as a type and as a point of comparison the relative thickness of the walls of the two ventricles, as laid down by LÆNNEC, and generally accepted, we find that the parietes of the left ventricle should have, in the normal state, a little more than twice the thickness of the right ventricle.

But during gestation, and for a short time after, the aortic ventricle is manifestly hypertrophied; the thickness of its walls is augmented from one-third to one-fourth; the right ventricle and the auricles remaining of their usual thickness. The left ventricle alone becomes thicker, firmer, and more intensely red, than under other circumstances.

What may be the consequences of this hypertrophy, whether regarded from a physiological or a pathological point of view, it will not be difficult to appreciate.

In the physiological condition, this temporary hypertrophy of the gestative female impresses greater energy upon the circulatory movement, which here, as in other cases of hypertrophy, is revealed by auscultation, as the *bruit de soufflet*; and this augmented muscularity of the heart enables the organism to provide for the wants of two organisms simultaneously.

On the contrary, in a pathological condition, this normal hypertrophy becomes an aggravating circumstance, and, as we shall hereafter see, may either augment or originate divers functional lesions.

Before we pursue further this exposition of our researches, we think it may be useful to exhibit to our readers the various vicissitudes through which—what we will venture to call our discovery—has already passed.

Whatever degree of importance may be conceded to this physiological law, it reposes on the evidence of facts, the

generality, and especially the uniformity of which, places it beyond all doubt. But it has suffered the fate of all new ideas. It has encountered hindrances and opposition; and, before taking rank among established truths, it must pass through several phases.

In 1828 our colleague and friend Dr. MENIERE published a memoir in the *Archives de générales de Médecine*, entitled: "Observations and Reflections upon Cerebral Hæmorrhage, either occurring before, during, or after Parturition." On page 521 we find this notice, commemorative of our observations, viz. :

This memoir was nearly published when we received from our friend and colleague, M. LARCHER, a note which appeared to us too important not to be employed in our work; it is indeed so closely connected with it *as apparently to constitute its foundation*. It relates to an observation made upon a great number of females who died at various periods of gestation, or soon after parturition. In nearly all the subjects placed under these circumstances, the left ventricle was evidently hypertrophied. According to LÆNNEC the left ventricle should slightly exceed twice that of the right ventricle. From the researches of M. LARCHER it appears that this proportion is constantly augmented during the puerperal state, and the augmentation is varied from one-fourth to more than one-third.

Admitting this fact, we see at once what consequences flow from it,—That the hypertrophy, whether cause or effect of the plethora, gives a degree of energy to the circulation that will explain the accidents of gestation. The same cause that presides over the physiological progress of gestation and its consequences, gives rise also to the pathological conditions with which our attention has been occupied. Most of the explanations given in the course of these researches are thus confirmed. We ought, however, to state that in the autopsies we have made, or have witnessed, under like circumstances, we have rarely noticed an augmentation of the thickness of the left ventricle. It is true, having given our chief attention to the condition of other organs, the fact of hypertrophy may have been overlooked. M. SCHEDEL, who for two years made the autopsies of puerperal females, did not make the same observations as M. LARCHER; but that does not constitute a real objection. Those who make autopsies know how easily certain lesions escape detection when not specially searched for. We must therefore examine the statement with all the care that its importance merits; and the time is not distant when we shall be able to form a more definite opinion in respect to it.

In 1833, DR. ROCHOUX refused to recognise, in the condition of gestation, a predisposing cause of apoplexy, rejected the opinion expressed by Dr. MENIERE, as well as the anatomical fact first stated by myself, upon which Dr. MENEIRE was inclined to base his opinion; and that, too, without examination.

But we will adduce, in opposition to the incredulity, and even reprobation, of Dr. ROCHOUX, two series of facts which have at different times been brought forward to corroborate our observations, and justify to their kind reception by Dr. MENEIRE.

In 1837, Dr. JACQUEMIER, then Interne of the Maternity of Paris, ascertained the existence of a *bruit de soufflet* in the precordial region, and mentioned the fact in his inaugural thesis.

But it is well known that the *bruit de soufflet* implies, as stated above, hypertrophy in the organ that gives rise to it. It therefore establishes the existence of the law announced; and, in fact, when, in 1826-7, we were charged by Professors CHAUSSIA and DENRUX with the obstetric service at the Maternity, every day furnished occasion to observe the co-existence of the precordial *bruit de soufflet* and hypertrophy of the left ventricle revealed by autopsy.

On the other hand, desirous of testing the correctness of our law, in 1846, Dr. BEAU submitted the question to a new examination, and has stated the result of his researches in his important work on the *sounds of the arteries*, which we here quote :

As an appendix to the history of this form of apoplexy Dr. MENIERE has added a note of M. LARCHER, in which that physician announces the observation of the hypertrophy of the heart, and especially of the left ventricle, during pregnancy. In our view, this fact is not at all surprising, as we have shown that the arterial sounds imply a dilatation of the heart, *with a more or less decided hypertrophy of the organ.*

Wishing to test by examination the fact stated by M. LARCHER, I requested M. DUCREST, *Interne* of the lying-in department in 1843, to give

special attention to this question of pathological anatomy by accurate measurements of the hearts of such as should succumb after parturition. In compliance with my request, M. DUCREST, whose name is well known to science, made most accurate researches on this subject. Regretting that the extent of the statistical results furnished are too extensive for publication entire in this place, I will submit only the principal results obtained.

The table is formed from 100 cases, between the ages of 20 and 30 years; the measures being taken through the thickest part of the left ventricle. The maximum thickness was $\cdot 018$ of a metre (7-10 of inch) in 5 cases. In only one was it found to be $\cdot 022$ of metre ($\frac{83}{100}$ in.) The lowest was $\cdot 011$ metre. In the greater number it was $\cdot 016$ metre; and the average of all the cases was $\cdot 015$ metre ($\frac{6}{10}$ in. nearly.)

If now we compare this average measurement with $\cdot 010$ metre ($\frac{4}{10}+$ in.) that given by BIZOT as the average nominal thickness of the left ventricle in the female, it will be found to exceed it by one-half. *It follows, therefore, that the heart of females during gestation is affected with hypertrophy, and that the previous observations of M. LARCHER must be considered correct.*

Thanks to Dr. BEAU for his care in determining the exact mathematical limitations of our law by rigid anatomical data, and for the conscientious researches of M. DUCREST upon this important medical question.

We have previously stated that this law was deduced from data furnished by 130 cases observed at the Maternity of Paris in 1826-7; and here are 100 cases in addition, observed fifteen years afterwards at the same Hospital, and under the same circumstances, with most rigorous care; and these confirm, in all points, our prior results.

In view, then, of these two series of correlative facts, we think that the hypertrophy of the heart of females during gestation as a normal condition, is abundantly proven.

It has long been known that the gravid uterus was augmented, not only in volume, but also in the thickness of its parietes. It is also known that this condition is only temporary; that the parietes of the organ represent a hollow muscle, similar to those of other viscera of organic life, and that the arrangement of the several planes of fibres have been accurately described by Madame BOIVIN.

It has also been observed that the size of the vessels of the uterus during gestation was augmented five or even ten fold ; the same is also true of those of the mammary glands at the close of gestation.

But prior to this we were ignorant of the remarkable *law of coincidence between the hypertrophy of the heart and of the uterus during pregnancy.*

What, indeed, is more remarkable than that simultaneity of development? — than that superabundance of life in the organ, which contains the product of conception, and in the organ which moves the blood necessary for its growth?

Let it be observed, also, how everything here is harmonized, and seems to concur to the same result, and not forget that, in the pregnant female, plethora is not a more or less common accident, but a constant phenomenon—a necessary physiological condition.

It may be here necessary to reply to an objection that seems to flow from the researches of M. ANDRAL on the mutation in proportion of the elements of the blood.

What, it may be asked, is the importance that you attribute to the office of plethora in pregnant females, when the results obtained by ANDRAL proves the frequent, if not general, existence of anemia during that condition? The contradiction, is we think, rather apparent than real.

We must lose sight of the fact that the researches of ANDRAL were necessarily made upon venous blood ; which, being modified by the abstraction of the elements of nutrition, might, perhaps, be expected to exhibit a diminution of red globules ; meanwhile a comparative examination of the arterial blood (that which had been oxygenated and vivified) was not, and perhaps could not be, made.

Therefore, while we admit the frequent diminution of the red corpuscles in the venous blood of pregnant females, as found by ANDRAL, we persist in considering plethora as a constant, or nearly constant, condition of gestation. This

condition indicated by the ancients, and generally admitted at present, should, we think, be regarded rather as a physiological than as a pathological state.

Such was also the opinion of Prof. DESORMEAUX, when he thus summed up the views of the best practitioners :

We must not fail to recognise that this condition (plethora) is a constant phenomena of gestation.

This plethora has its origin rather in the augmented activity of nutrition, than in the suppression of menstruation.

We may remark finally, in connection with the important office we attribute to the central organ of the circulation, that the action of the *formative force* is more energetic in females than in men.

It is evident, therefore, that in the physiological condition of gestative females, plethora on the one hand, and hypertrophy of the heart on the other, are perfectly harmonized, and admirably correspond to the new wants of the organism.

Thus demonstrated, is not this physiological law in perfect accordance with the principle long since laid down by one of our most illustrious veterans of science, M. SERRES, viz., that the vascularity of an organ is in direct proportion to the importance of its function? And does it not also confirm the opinion more recently and so well expressed by MILNE EDWARDS, to wit, that the function determines the organ, and not the organ which determines the function?

II.

Within its natural limits, this state of things is quite consistent with the maintenance of health, indeed it is true expression of it; but it conceals within itself a necessary predisposition to vascular congestions and to hæmorrhages; and from this circumstance the pathogenetic importance of hypertrophy of the heart during gestation, and after parturition, is derived.

In the regular succession of puerperal phenomena, this

hypertrophy of heart, which has its origin in the condition of gestation itself, gradually disappears after parturition; but, in exceptional cases, it may be otherwise.

May it not happen, for example, that when gestation recurs very frequently, and almost, as it were, becomes continuous, that the normal hypertrophy, because temporary, may become permanent, and therefore abnormal?

Such, without doubt, is the cause of the various lesions of the circulatory apparatus, from the simple nervous palpitations, to persistent hypertrophy, either simple or with dilatation, so common among females who have borne many children, whether prematurely or in too rapid succession, or in unfavorable conditions of the general health.

We may here mention another consequence of the normal hypertrophy of the heart. There is reason to suppose that bronchitis, so common in pregnancy, derives its character of obstinacy from this normal hypertrophy.

Should we not also attribute the greater gravity of pneumonia in gravid females to the same causes, and, as a consequence, the greater frequency of abortions and premature births under these circumstances?

Our friend and former colleague Dr. GRISOLLE, in 1841, wrote, *that when pneumonia occurred in pregnant females, it induced abortion or premature births in more than one-half of the cases.*

Finally, must we not equally admit that this hypertrophy, normal though it be, predisposes to epistaxis, to the severer cases of hæmoptysis, to the divers forms of metrorrhagy, and even to that rarer but more formidable affection, cerebral hæmorrhage?

It is well known that simple cerebral hyperæmia is frequently met with during gestation. It then coincides with polyæmia and cardiac hypertrophy. Especially is this more liable to occur during the last three months of gestation.

We believe it to be demonstrated that this norma

hypertrophy exercises a marked influence upon the duration and intensity of congestions and intercurrent inflammations, in favoring the tendency to hyperæmia and hæmorrhage.

But the influence of this organ is not limited by these affections during gestation and after parturition, and it is under a new aspect that we propose now to consider it.

Thus, when pulmonary tuberculization exists, the heart may, under varying conditions, sometimes suspend, or, at least retard, the ravages of the disease; sometimes, on the contrary, it may impress upon the affection a more rapid and all-pervading progress.

Without, in all respects, coinciding with the opinion of the ancients, who attributed to pregnancy the power of suspending pulmonary tuberculization, in common with Prof. ANDRAL and most other practitioners, we believe that if it does not completely suspend, it may at least retard, the progress of the disease.

But such is not the opinion of Dr. GRISOLLE, as expressed in his memoir on the influence that pregnancy and phthisis pulmonalis exert upon each other.

Dr. GRISOLLE, aiming to weaken the opinion generally entertained upon this subject, adduces several cases of phthisis which supervened during the progress of gestation, from which he infers that pregnancy accelerates rather than retards the disease.

But, in the first place, it will be observed that the terms of the question have been changed. The question, as discussed by both ancients and moderns, relates to the influence of pregnancy on pre-existing phthisis, and not on phthisis supervening on pregnancy. The difference then, seen from this point of view, is rather apparent than real.

Is it not, indeed, quite conceivable that, on the one hand, when pregnancy supervenes upon a case of slowly-progressing tuberculization, the more vigorous propulsion of the hypertrophied heart may coincide with the attractive

force of the developing embryo, and the process of tuberculization may, in consequence, be arrested or retarded? And, on the other hand, may it not be admitted that, under exceptional circumstances, when phthisis coincides with, or supervenes upon, pregnancy, it may assume a more acute form, and hastening its march, sooner reach a fatal termination. It may even happen that the hæmorrhagic molimen, being determined to the lungs, may give rise to suddenly fatal hæmoptysis.

But whatever opinion we may form in respect to the influence of phthisis on pregnancy, or reciprocal of pregnancy on tuberculosis, we think it demonstrated that the condition of normal hypertrophy of the aortic heart tends to maintain the equilibrium between the organism of the mother, whose life is menaced by the tubercular affection, and that of the embryo which seeks self-development.

Yet while we believe that in a great majority of cases the progress of tuberculization is either suspended or retarded during pregnancy, we are also of the opinion that, after parturition, and during the puerperal state, the disease resumes its former activity, and the heart, retaining for a period its hypertrophic condition, may augment the functional and organic lesions of the respiratory organs.

If now, our efforts in search of truth have been crowned with success, our reward will be derived, not so much from the consciousness of having discovered the facts, independently considered, as from the pathogenic deductions and the practical indications that flow from them.

ART. XXV. — Meteorological Register for Month of July, 1859.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date	Barometer.			Thermom't			Hygrometer			Force of Vapor in Inches			Relative Humidity			Winds — Direction and Force.						Fall of Rain.	
	7 A.M.	2 P.M.	9 P.M.	7	2	9	7	2	9	7 A.M.	2 P.M.	9 P.M.	7	2	9	7 A.M.	2 P.M.	9 P.M.	2 P.M.	3 W.	3 W.	BEGAN.	ENDED. INCHES.
1				57.78	64.50	68.55				.268	.514	.814	.57	.53	.52	W.			2 W.	3 W.	2		
2				54.79	62.47	68.55				.231	.564	.840	.55	.60	.61	S.W.			2 W.	3 W.	1	10.40 a.m.	.22
3				51.62	47.45	58.40				.220	.429	.156	.59	.77	.48	S.W.			2 S.W.	2 S.W.	1		
4				56.74	61.48	62.56				.230	.396	.383	.61	.47	.71	S.W.			2 W.	2 S.W.	1		
5				63.76	57.57	64.49				.386	.436	.242	.67	.48	.52	W.			1 S.W.	2 S.W.	2		
6				66.78	61.54	67.52				.259	.507	.243	.40	.52	.42	S.			2 S.W.	2 S.W.	1		
7				70.84	69.64	69.62				.516	.507	.462	.70	.43	.63	S.W.			1 W.	2 S.W.	1	11 a.m.	.03
8				71.88	75.67	74.67				.608	.650	.554	.80	.49	.63	S.W.			1 W.	1 W.	1	11.25 p.m.	
9				73.88	72.63	72.62				.442	.569	.422	.54	.43	.53	S.			1 S.E.	2 S.E.	1		
10				73.78	71.66	69.61				.545	.588	.403	.67	.61	.53	S.E.			1 S.E.	1 S.W.	1		
11				80.95	84.70	78.73				.598	.728	.663	.58	.44	.56	E.			1 S.W.	1 S.	1		
12	29.78	29.75	29.74	82.97	86.67	79.76				.460	.746	.762	.42	.42	.61	S.W.			1 S.W.	1 S.W.	1		
13	29.73	29.71	29.70	78.96	84.73	81.72				.744	.853	.623	.77	.50	.53	S.W.			1 S.E.	1 S.E.	1		
14	29.70	29.64	29.62	77.94	85.67	76.75				.527	.654	.733	.56	.40	.61	E.			1 W.	1 S.	2	7.20 a.m.	.22
15	29.60	29.65	29.68	73.88	74.64	77.70				.476	.778	.679	.58	.58	.81	E.			2 S.E.	1 S.	1	6.55 a.m.	.47
16	29.72	29.72	29.70	82.92	86.74	78.75				.731	.768	.719	.66	.51	.57	S.E.			1 S.E.	2 S.W.	1		
17	29.68	29.64	29.62	85.95	82.81	84.74				1.003	.015	.731	.83	.61	.66	W.			1 S.W.	2 S.	1		
18	29.58	29.54	29.52	87.95	79.71	78.72				.543	.728	.690	.42	.44	.69	S.			2 W.	2 W.	2	6.35 p.m.	1.15
19	29.50	29.51	29.55	82.97	86.72	81.74				.650	.840	.677	.59	.48	.54	S.W.			2 W.	2 W.	1		
20	29.56	29.53	29.58	77.85	70.67	72.62				.527	.609	.449	.56	.50	.61	W.			1 S.E.	1 S.E.	1		
21	29.60	29.58	29.55	73.82	69.64	71.64				.476	.610	.529	.58	.55	.74	W.			2 S.W.	2 S.W.	1		
22	29.52	29.40	29.44	71.82	67.62	68.62				.436	.497	.489	.57	.44	.74	S.E.			2 S.W.	2 S.W.	2	10.25 a.m.	.02
23	29.52	29.56	29.58	63.78	62.57	67.57				.386	.514	.399	.67	.53	.71	S.E.			1 W.	2 S.W.	1		
24	29.58	29.40	29.46	71.86	62.64	71.56				.503	.556	.369	.66	.44	.66	S.			2 W.	2 S.W.	1		
25	29.52	29.58	29.62	66.82	65.62	72.58				.502	.650	.389	.78	.59	.63	S.W.			2 W.	2 S.E.	1		
26	29.65	29.63	29.68	60.76	60.56	68.52				.396	.577	.282	.76	.64	.64	S.W.			2 W.	2 S.E.	1		
27	29.67	29.72	29.70	62.76	64.57	70.57				.389	.632	.373	.71	.72	.62	W.			1 S.W.	2 S.W.	1		
28	29.65	29.64	29.62	67.76	67.61	67.60				.457	.542	.425	.69	.60	.64	W.			1 S.	1 W.	1		
29	29.60	29.64	29.62	68.78	63.62	69.56				.476	.588	.356	.69	.61	.61	S.W.			1 S.	1 S.	1		
30	29.60	29.56	29.50	74.86	69.67	72.62				.508	.596	.462	.67	.48	.65	S.W.			1 S.	2 S.E.	1		
31	29.48	29.40	29.44	67.84	66.61	70.61				.457	.545	.470	.69	.46	.73	S.			2 W.	2 W.	1	11.30 a.m.	.06

Bibliographical Record.

A TREATISE ON GONORRHOEA AND SYPHILIS. By SILAS DURKEE, M. D., Fellow of the Massachusetts Medical Society; Member of the Boston Society for Medical Improvement, and of the Boston Society of Natural History; Fellow of the American Academy of Arts and Sciences; Honorary Member of the Medical Society of the State of New York. With Eight Colored Plates. Boston: John P. Jewett & Co. 1859.

THIS is a well executed volume of four hundred and forty-two pages devoted to the consideration of a subject of abiding interest—a subject which can not receive too much attention, prolific, as it is, of manifold and multiform diseases. The work is the result of an essay, which, in 1854, received the premium from the Boylston Prize Committee of Harvard University. That essay has increased, and assumed the very creditable form in which it is now presented to the public.

The many mooted points in the pathology of Gonorrhœa and Syphilis, and the great variety of treatment which characterises general practice, are at once proof and illustration of the darkness which yet hangs over the subject. That darkness can only be dissipated by continued observation and experience, aided by patient thoughtfulness upon the facts so derived. Truth will probably never be found in any of the extreme grounds occupied by theorists; still the efforts of such men are gradually leading on to the attainment of the great end—truth.

The work of Dr. DURKEE is illustrated by a liberal proportion of cases, which fact renders it valuable to a large

class of readers. As a rule, he is free from extreme views; and his precepts, drawn from experience, will, with a few exceptions, be found safe guides to the practitioner.

Dr. D. does not believe in the leucorrhœal or menstrual origin of gonorrhœa. His faith in that doctrine "is scarcely equal to a grain of mustard seed." His opinion "coincides with that of SIGMUND—that *gonorrhœa alone produces gonorrhœa*. He does not admit gonorrhœa to the dignity of a venereal affection; and expresses a belief in a single venereal virus. This is, of course, equivalent to an expression of the old doctrine of duality of virus. He speaks of this point as settled beyond all dispute;—this, of course, is mere assumption.

Bubo he regards as "holding an intermediate position between primary and secondary syphilis," and speaks of it as a "half-way house" between the two forms of disease; but, on the next page, he says:

"But the mere fact of its existence is of no trifling significance. It shows that the system is impregnated with the specific virus which has found its way into the channels of intercommunication, and through the medium of the blood and other fluids has poisoned the whole animal economy."

This hardly seems like an "intermediate position." The "poisoning of the whole animal economy" would seem very like developing the secondary or constitutional disease, rather than constituting a "half-way house." But the bubo is neither a "half-way house," nor is it secondary disease. The fact that the pus, taken directly from the gland in the genuine bubo, will produce a chancre, shows its primary nature. The true bubo is a primary form of syphilis, and should be treated as such. Dr. DURKEE himself says:

"The virulent matter of the true syphilitic bubo retains its contagious property, so long as it remains in the ganglion; that is, it is inoculable."

Yet, when he comes to the subject of treatment, he deems it "of great importance that the bubo should be dissipated as

soon as possible, without being allowed to suppurate." This, it is true, is the general practice; but that it is highly pernicious there is no doubt. That the dissipation of a true bubo will certainly beget secondary syphilis, is as true, as that the introduction of the virus into the general circulation will poison and contaminate the whole animal economy. The formation of a true bubo is but an effort of nature to throw off the virus and prevent mischief. The practitioner who attempts to dissipate such a bubo, thwarts nature, and, if he is successful in his efforts, ensures the secondary disease.

Upon the subject of bubo, Dr. DURKEE seems somewhat "mixed." Upon one page he tells us that it occupies an "intermediate position between primary and secondary syphilis." On the next, he tells us that it shows that the *whole animal economy is poisoned*; and on the third, that it is inoculable.

Upon the subject of syphilization our author is sound. He says:

"I opine that the day is far distant when the medical faculty of this or any other enlightened portion of the globe, will credit the idea that the waning health of human being can be restored or benefited by artificial syphilization, as intimated by the Norwegian professor. Certain it is, that no human providence can calculate or guard against the physical mischiefs that might accrue to individuals subjected to this hypothetical and insane line of treatment. Instances of the most terrible disasters, resulting from it, have already been reported. Mr. LAWRENCE, of London, states that one of the most troublesome cases of phagedænic ulceration of the thighs, which ever came under his notice, was in consequence of artificial inoculation performed by a physician. Other instances are recorded, in which the chancreous sores, manufactured by reckless hands, have refused for a long time to heal or amend under any remedial measures. It may be that the experience of TURENNE and others, will inspire hope and courage among libertines and their meretricious companions, who hail from the dens of Paris and some of the other continental cities, and who may be induced to submit to such a style of tatooing and mutilation; but it is scarcely to be supposed that the medical faculty of this country will ever countenance such a beastly mode of treatment, — certainly not until investigations and experiments shall ripen into higher com-

pleteness, and the sanative power of the measure has had time to exert a more persistent influence than has yet been displayed in patients who have resorted to prophylactic syphilization. Without entering into any discussion of the real truth or fallacy of the doctrines broached by the advocates of artificial inoculation, it is enough to say that the demoralizing associations and consequences connected with the practice are sufficient to consign it to unqualified condemnation. The most revolting feature appertaining to syphilization, and the one calculated to provoke unmitigated indignation, consists in the bold barefaced suggestion, that it may be employed as a means of safety for persons, who are as yet untainted, and who can subject themselves to this factitious disease, and ever after be shielded from infection, however deeply they may plunge into the foul cess-pool of licentiousness and corruption. The next step in the march of improvement, peradventure, will consist in the internal administration of pure venereal pus, or perhaps the molified crusts of rupia, made into a paste or bolus. This would be a fitting climax.

"The organs composing the emunctory system—that is, the liver, the kidneys, the alimentary canal, the entire circle of the mucous membranes, and the skin with its millions of sudoriferous and sebaceous glands and ducts—constitute the machinery,—the channels,—through the medium of which, the syphilitic poison can be removed from the animal economy. Although the anatomical apparatus we have to work with is situated in different portions of the frame, and in structure possesses no special homogeneousness or resemblance in its several parts as above named, yet as a group, and in respect to function, they sustain a close affinity or relation; and fortunately, in a practical point of view, they can be brought to do good service either by the same remedial agents, varying in quantity and in modes of administration; or by different remedies so compounded as to perform a harmonious action, and leading to the same practical results. And thus if a case of constitutional syphilis be cured, it is in this way that these emunctory forces, inherent in the system, carry away, day by day, in homœopathic quantities, the poisonous element, until the last particle is exhausted, and the morbid process engendered by its presence is brought to its final rest."

We are glad to see Dr. DURKEE place himself in the list of American authors. As a practical work his book is generally entitled to confidence; and if we have criticised his views and treatment of bubo, it is a criticism that will apply to most, if not all authors, who have produced systematic treatises upon syphilis.

G.

Editorial Department.

Rush Medical College—Prof. Allen.

If the balance of the new appointments in Rush Medical College are as judicious as that of Prof. ALLEN to the Chair of Theory and Practice, the School will offer attractions of a very high order; and large classes will be likely to convene annually under the droppings of an institution which adopts the celebrated RUSH as its patron Saint. Prof. ALLEN was identified with the organization of the Medical Department of the University of Michigan, and for four years continued his labors in that institution. As a scientific lecturer, he is, in our judgment, unsurpassed; at least, it has never been our fortune to listen to his superior. His lectures are always strong, clear, and convincing. His style is terse and axiomatic. Conceiving in his own mind a clear and definite idea of the subject under consideration, separating truth from error, and reducing facts to general philosophy, he never fails to present truth with a clear and bold outline, and in a highly assimilative form. His acquisition is fortunate for the Rush Medical College; and while we regret that Dr. ALLEN leaves Michigan, we can but commend the sagacity which secures his services, and express our sincerest wishes for his personal welfare. G.

Selected Articles, Abstracts, &c.

TRANSLATIONS from FOREIGN JOURNALS for the PENINSULAR AND INDEPENDENT.

By O. D. PALMER, M. D., Zelienople, Pa.

CASES OF PREMATURE LABOR, PRODUCED BY THE UTERINE DOUCHE.
Communicated to the "*Gazette Hebdomadaire de Médecine et de Chirurgie*" by Dr.
HAMAN.

The question of *premature labor*, produced by artificial means, is, in a moral point of view, one of the most grave that may be given to the practitioner of the Healing Art to solve. Its importance, the diversity of interests put in action, the hazardous chances of an operation of this nature, the responsibility which the physician assumes in undertaking it, all conspire to justify his hesitations, his doubts, even in the face of indications the most certain.

At the present time, even when the happy inspiration of a *Wurzburg Professor* has endowed science with a method as sure as uninjurious, it is only with the greatest reserve that we can have resort to such a precious resource. How many mothers—how many children—might have been saved had we possessed a knowledge of this means? Many a time, already, have I been compelled to deplore results in my practice that might have been spared by this knowledge. I have promised myself firmly to use all the resources of science to prevent them in future.

I need not go far back in memory, to find cases in point, and will cite one that dates within the present year.

A quite young woman, pregnant for the first time, was affected with a general nervous condition. I put all in action to prevent accidents, but the affection went on increasing. I was called one day to visit this patient, whom the messenger declared was dying. I was separated from her habitation by three long leagues. When I arrived she had ceased to live. I hastened to practice hysteriotomy, and succeeded in removing from her body a foetus of seven or eight months, whose heart was still beating, although the mother had ceased to live for two hours.

Could not an artificially produced premature birth have prevented

this double fatality? Witness to the importance of the ordinary resources of art, would not a physician believe himself authorized to sacrifice the child, to assure the safety of the mother?

This unfortunate case has occasioned painful reflections in my mind, and I do not expect even to be free from regrets. From this point of time forth, I resolved to use every effort to evade similar misfortunes. It is not that the ignorant vulgar would even comprehend, and censure my unskillfulness, under analogous circumstances, but ought an honest and conscientious practitioner, be satisfied to know that he has saved only his responsibility?

Since that epoch, I have encountered two occasions of recurring, as an extreme means, to *premature delivery*, procured by art. I have had opportunity to convince myself, of the perfect immunity from danger of the method of KIWISCH. The effects resulting from it, have been relatively so satisfactory, that I can not, in too strong terms, invite the attention of my enlightened brethren, to a method, which is destined, I doubt not, to occupy an elevated rank in science, and to render great service to humanity.

Many reasons, in fact, have hitherto opposed the introduction of *procured birth* into the *habitudes* of practice, if I may thus express myself. In order to effect it, formerly, it was necessary to be provided with an appropriate instrumental apparatus. In the great centres, this objection would fall of itself, but in the small localities, this is no longer the same. On the other side, nothing can equal the repugnance with which families receive the mere proposition of such an operation. It needs to be justified by very grave circumstances, and then demands of the physician a certain address, which is not possessed by every one in a sufficient degree. Besides, this manœuvre is not always destitute of danger.

In order to produce proof, I will recall the following case, which is still fresh on my memory:

I was called some months since, the fourth, to assist an honorable colleague at the bedside of a pregnant woman in convulsions. This case appeared so grave that we judged necessary to induce labor. After proceeding to dilate the neck of the uterus, so as to make the application of forceps possible, an attempt was made to extract the child. This result was not accomplished till after previously having perforated the cranium. The delivery, after this, was happily effected. The patient did not recover her consciousness, till the fourth day after the delivery. She died on the sixth, with *metro-peritonitis*. Might not the family have been authorized to have held the performers of this operation accountable for its fatal result?

This case is not without analogy in science. These various reasons are sufficient, then, to explain the repugnance with which the idea of provoked labor is received. Join to this, the prejudices of the vulgar,

the responsibility of the physician, who would never be able to brave them with impunity if his trials were unfortunate, and we may comprehend why he so rarely avails himself of this last and most precious resource, particularly in *small localities*, where progress has so much difficulty to insinuate itself.

But the method of KIWISCH, realises an immense progress. No special apparatus, properly speaking—nothing in it which may be susceptible of striking the mind—facility of application, which nothing approaches—certain effect—complete innocency—it could be recommended by no more valuable titles. Likewise, I doubt not, it only requires the recommendation of some authorised person, to have it pass into practice in a manner more general and methodical. Instead, indeed, of being reserved to a certain number of cases, very circumscribed, it would become applicable to the pathology of pregnancy itself. By its benefits, how many children might we not pluck from death?—how many mothers might we not preserve to their families? Would that my words might find an echo with the masters of our art. Would that they might raise a serious and profitable discussion, having, for effect, to justify the employment of such a method, to extend its limits, and to determine the conditions in which we may believe ourselves authorized to make use of it.

It is in view of attracting attention to the importance of this question, that I report the following facts. They are very proper, I think, to demonstrate that premature labor, artificially produced, merits to take, in our daily practice, a much more elevated rank, than that to which it is reduced.

The case in question, has been the subject of a memoir which I presented to the Society of Practical Medicine, which in its meeting of August 5th last, has done me the honor to admit me among the number of its corresponding members.

The following is a summary relation of the case:

CASE. — Mrs. M. sent for me to visit her, towards the end of January of the present year. She had been confined to her bed two weeks, with an affection which I immediately recognized as a *typhoid fever*, with thoracic complications. She was about seven months advanced in pregnancy. She informed me that she previously had three pregnancies terminate happily at period. During the course of this last, she had enjoyed but very indifferent health. Deeming her situation as little dangerous, I prescribed an appropriate treatment, and thought no more of the woman.

The 13th of March, I was requested anew to give her my attention, when I found the scene had changed its aspects. An evident *hydro-peritoneum* had developed itself, and a more abundant infiltration of the pleury than I had ever before witnessed. Her oppression was extreme. I judged such a situation desperate. I directed a large vesi-

catory to be applied about the chest, not wishing to try any other remedy this day, seeing the critical state of the patient.

The 14th, I found the oppression somewhat diminished, the cough less, and a marked general amelioration. Encouraged by this almost unexpected amendment, I resolved to procure a premature delivery, which alone, probably, could be able to preserve the days of this poor woman—in truth, she was so much exhausted by misery and the disease—reduced to such a state of emaciation—that I dared entertain but little hope for her, but her child might be viable.

To leave this woman to the efforts of nature alone, was to devote her to almost certain death. There was then no ground for hesitation. I proposed the induction of premature labor, provoked by aid *vagina-uterine douches* (injections of water into the *vaginæ*). This supreme resource, was with pleasure accepted, by the distressed family, and on the evening of the next day, the first injection was made. In the mean time, continuing the medication which had produced so good an effect, I covered the thorax with vesicatories.

At length, the 18th March, after the sixth *douche*, labor became regularly established, and, after a duration of about five hours, terminated in the birth of a living child. Unfortunately this child, which appeared to have arrived to about the seventh or eighth month, showed itself to be affected with *congenital hydrocephalus*; and in fact it died in forty-eight hours. Had it not been for this unfortunate state of the infant, it would have been, I doubt not, indebted for its life to this opportune intervention of art.

As to the mother, she was effectually cured of the *hydro-pleury*; but her organization was so much injured, as not to be able to resist such severe proofs. She succumbed the 6th of April—that is nineteen days after her accouchment.

I think it would be impossible to procure a *premature labor*, under more unfavorable circumstances. A woman exhausted by an affection, terrible in itself, and complicated by a serious effusion into the larger cavities—a constitution deteriorated by all sorts of privations—this was the state in which I wished to try a desperate effort. Now, I am able to certify that I never assisted at an *accouchment* more purely physiological. Not the least accident arrived to disturb the labor, or to mar its consequences. Some days before her death, I wished to ascertain the state of the uterus; I found nothing belonging to it that was not in the natural order of things.

This result, as satisfactory as it was possible to be, relatively speaking, was very proper to confirm me in my views in regard to the benefits to be obtained by procuring premature delivery. Very recently, having found a second occasion to make a useful application of this method, I confidently resorted to it.

[Here follows the report of another case, by the same author, in

which *premature labor* was induced by repeated injections of water into the vagina, whilst the patient was in a comatose state. The process resulted in a favorable delivery, followed by recovery of the woman.

Dr. LUMPE has also reported, in the "*Oesterreichische Zeitschrift für Practische Heilkunde*," two interesting cases of premature delivery, induced by art, where the attending physician and teeming women both had reasons sufficient to convince them that labor at full term would endanger the lives of mothers and children.

TRANSLATOR.

[From the London Lancet.

ON AN IMPERFECTLY KNOWN FUNCTION OF THE PANCREAS, *namely, Digestion of Nitrogenous Food, with Comparative Experiments on Gastric and Intestinal Digestion, followed by a few Clinical Deductions.* By L. CORVISART, M. D.

[THE following important propositions, deduced from Dr. CORVISART'S skillfully-conducted experiments, were sent to us, in manuscript, by the author, some time since, and we regret that very great pressure of matter prevented these valuable contributions to science being inserted before.—*Ed. L.*]

GENERAL PROPOSITIONS, *forming the Summary of an Essay, published with the above title, and read before the Academy of Medicine of Paris; the first part in 1857, and the second in February, 1858.*

Very little is known about the manner in which the animal or nitrogenous food is digested in the *bowel*; and science has not advanced one step since the discovery of PURKINJE and PAPPENHEIM (1836) respecting the dissolving action which the pancreatic juice may exercise on such food—a discovery which has indeed remained almost unnoticed.

The physiological and experimental investigations on the *second digestion* (intestinal digestion), of which I have given an account (in the before-mentioned essay), have led to the following important results: These are twofold:—One group, of a physiological and direct character, are deduced from actual experiments. The other, of a pathological and indirect nature, are deductions or corollaries, which, as it seems to me, throw some light on clinical medicine.

I.—*Physiological Propositions.*

1. Nitrogenous food is digested both by the stomach and the pancreas.

2. The pancreas is, as it were, a supplementary organ, whose action, after copious meals, is added to that of the stomach.

3. Both digestions are of the same nature, as any article of food subjected to either is transformed into the self-same nutritive product (albuminose or peptone).

4. The pancreatic juice has peculiar reactions under the influence

of heat or certain agents, which reactions *the gastric juice does not present*. As this difference in the juices is found when they are both charged with peptones, after digestion, it has erroneously been supposed that the peptones also differed. This pardonable error, being pointed out, will hardly again be fallen into.

5. When an article of nitrogenous food, or a portion of it, has undergone a thorough gastric digestion, the pancreatic juice no longer acts upon it, and does not transform it into another peptone.

6. The pancreatic juice is intended to act upon that part of albuminoid substances which has left the stomach before being transformed into albuminose.

7. The amount of action of the pancreas may, in certain cases, be equal to that of the stomach.

8. If the mere quantity of secreted fluid were alone taken into account, the stomach might be looked upon as the more powerful, for the gastric juice is ten times more abundant than the pancreatic juice; but the latter is, to make up the difference, ten times richer in ferment (pancreatine).

9. The gastric juice has the advantage of a prolonged contact and stirring with the food; but the pancreatic juice has, on the other hand, the faculty of acting upon azotized aliments equally well, either in an alkaline, neutral, or acid state; it also acts three times quicker than the gastric juice.

10. Every thing is so disposed in the duodenum, that the pancreatic juice acts immediately it comes in contact with the food; and every thing is so arranged in the stomach that a large part of the food is transformed into peptone, the remaining part being, at the very least, so prepared, as rapidly to undergo the pancreatic digestion.

11. This preparation, which varies according to the quality and quantity either of the food or the gastric juice, &c., consists sometimes in a simple imbibition, sometimes in a dissection or an extreme division, and sometimes in a solution. Pancreatic digestion, being forcibly very rapid, is usefully assisted by this preparation, the stomach acting respecting the pancreas in the same manner as the teeth do in gastric digestion.

12. It is, however, to be noticed that the pancreatic juice is able to accomplish, unassisted, the digestion of food which has not been subjected to that gastric preparation or division, in the same way as the gastric juice can digest food without extraneous help. Hence, pieces of albuminoid substances, being *directly* placed into the intestine in a raw state—that is to say, without any preparation—are perfectly and completely digested, the process being, however somewhat slow. The pancreatic juice can, by its own unassisted energy, carry on the digestion of nitrogenous food, without requiring

the adjunction either of the intestinal juice or the bile, to gain digestive properties. The digestion of azotized food, performed in glass jars over the water bath, by means of the pancreatic juice or isolated pancreatine, goes on in the same manner as in the duodenum.

13. When the gastric and pancreatic juices are separated, and act in succession, each performs its function completely, and the quantity of albuminose produced may thus be doubled.

14. But it is a remarkable fact, that when these two digestive ferments meet in a state of purity, the two digestions are no longer freely carried on. The mixture, far from doubling the produce, may reduce it to naught, for pepsine and pancreatine destroy each other under these non-physiological circumstances.

15. Nature, in the normal state, prevents this conflict, by three distinct means—1stly, by the pylorus, which separates the two ferments; 2dly, by the very gastric digestion through which pepsine exhausts and abolishes itself in the formation of peptone; 3dly, by the bile, which destroys the activity of the gastric ferment, as has been shown by PAPPENHEIM.

16. Bile does not precipitate the peptone produced by the influence of the stomach so as to destroy digestion and necessitate its being again begun. On the contrary, the bile itself is precipitated by the acid of the gastric juice or of the chyme.

17. The nature of the nitrogenous food has much to do with the quantity of peptone which the two successive digestions can produce for the requirements of the economy. I have thus found in my experiments, that whilst musciline and caseine yielded almost one ounce of perfect peptone, albumen, or gelatigenous textures, though given in the same quantity, yielded hardly half an ounce.

18. At the outset, gastric or pancreatic digestion destroys the most characteristic properties of the various albuminoid substances. It liquefies insoluble ones, deprives albumen of its coagulability, and caseine of its property of coagulating by rennet. It also deprives gelatine of its property of turning into jelly, and musciline of being precipitated by chloride of sodium, &c. In short, it transforms all the substances into albuminose and peptone.

The different kinds of albuminose, although their individual reactions are much less marked than those of albuminoid substances whence they are derived, have, nevertheless, distinct characters.

19. The nature of peptones varies as the nitrogenous substances from which they are derived. This variety satisfies the different (plastic?) requirements of the economy.

20. The peptones which are most alike and most difficult to distinguish from each other, are, the albumen-peptone, musciline-peptone, and, strange to say, gelatine-peptone; just as if the articles of food from which these peptones are derived were less different from

each other than is generally supposed. Fibrine-peptone and caseine-peptone are more easily distinguished from each other, and from the substances above named. From the slight differences existing between azotized articles of food, or peptones, there arises a kind of unstable equilibrium, favorable to the work of assimilation performed by the tissues of the body.

21. The generic character of peptones is, that they are always soluble in water, be the latter acid, neutral, or alkaline, which circumstance secures an easy circulation in the organism. Heat does not coagulate peptones, and hardly any of them are precipitated by acetate of lead. Besides, they resist insoluble metallic combinations a great deal better than nitrogenous articles of food.

22. Peptones form a genus, as well defined as the albuminoid genus. It is, however, evident, that by the progress of science, their nature will eventually be more exactly determined than can be done at the present period.

23. Some physiologists persist in the erroneous belief that the stomach merely swells or divides the food without dissolving it. How can they, however, withstand the testimony of the scales, which plainly show that, even where the weight of the food is considerable, every albuminoid article of food subjected to the action of the stomach is not merely divided, but dissolved, passes through the filter, and is absorbed by the membranes!

24. Others have maintained that the gastric juice, acting on nitrogenous food, produces only gelatine. They, however, lose sight of the fact, that the characters which place gelatine in a peculiar albuminoid class, have never been discovered in the chyme after a digestion of fibrine, caseine, musculine, or albumine, even when the chyme was neutralized; and that, moreover, gelatine itself completely loses its specific characters, in consequence of undergoing digestion in the gastric juice.

25. Others, finally, resting on the hypothesis, that the albumen of the blood is nothing but the digested matters themselves, maintain, that the peptones are reduced to albumen, by losing their acidity — viz. by being neutralized. Such an error can hardly exist, except albumen and fibrine be alone taken into account, excluding all other aliments; as an incomplete digestion of the albumen and fibrine may lead to confusion. Crude albumen, in fact, always partly escapes gastric digestion; ill-digested fibrine is transformed into albumen only (caseiform); these two cases excepted, if experiment be made on the produce of concrete and washed albumen, of caseine, musculine, or gelatine, regularly digested by the stomach, no doubt can any longer be entertained. These gastric peptones never contain any albumen.

26. The peptones, either received or produced by the pancreatic juice, do not, any more than the latter, form any new albumen, and,

whether they be primarily or consecutively acid, alkaline, or neutral, do not increase by an appreciable weight the coagulable albumen which the pancreatic juice, pure and without peptone, *normally contains*.

27. During the three hours which follow a meal (when digestive solution, transformation, and absorption are not much advanced), the blood of the vena portæ (compared to the venous blood generally) does not become charged with a noticeable quantity of nitrogenous matter through digestive absorption; whilst, on the other hand, the elements of the blood, globules and fibrine, become changed into albumen (caseiform) by a commencement of digestion, either in the intestine or the water bath, under the influence of the alkaline pancreatic juice.

28. Now, if it be considered that, during the first three hours of digestion—1stly, The pancreatic juice poured into the duodenum remains therein in a pure and active state; 2dly, That this juice can pass into the vena portæ (for absorption by the mesenteric veins is not suspended); 3dly, That this same juice can act in such an alkaline medium as the blood. If, moreover, it be considered that during those very three hours, a large portion of the globules and fibrine of the blood of the vena portæ is, weights remaining equal, transformed in that vein into albumen (which is a commencement of transformation similar to that which they would have undergone in the intestine under the influence of this same pancreatic juice), we can hardly refuse our assent to the hypothesis of a *true intra-venous digestion*, which hypothesis I confidently put forward.

29. No actually differential character has ever been pointed out between nitrogenous matters which go by the name of extractive, and the albuminose, which is generated by gastric or pancreatic digestion. Now, it should be noticed that the lacteals, *the vena portæ, and the hepatic veins which are its continuation*, or, in other words, the vessels which most directly receive the product of digestion,—are by far richer in extractive matter (albuminose) than the rest of the blood. It may, moreover, be noted that they are also richer in glucose.

30. Nutritive richness of the hepatic vessels (albuminose and glucose being contained in them) may be explained by the gastro-intestinal absorption, to which is energetically added prolonged intra-venous digestion, although the liver has no share in the process.

II. — *Corollaries, vel Pathological Deductions.*

A. We may take it as almost certain that there exists (as regards albuminoid aliments) a duodenal dyspepsia, caused by the violation, insufficiency, or absence of the pancreatic juice, the symptoms of which appear only from the second or third hour of digestion,

with a deeper-seated pain than is felt in gastric dyspepsia. (See Propositions 1, 2, 3, 6, 7.) The internal use of pancreatine is indicated* in cases of pancreatic duodenal dyspepsia.

B. Secondary duodenal dyspepsia may be the result of an almost total absence of that kind of division which food, under the least favorable circumstances, undergoes by means of the gastric juice before that food has been transformed into peptone. Pancreatic digestion is then slower, just as gastric digestion is slower when the teeth have not duly performed their functions. This secondary pancreatic dyspepsia may be cured by the treatment suited to the primary gastric dyspepsia.

C. Another secondary duodenal dyspepsia may arise, either from an excess of gastric juice, or from a patency of the pylorus; for in these two individual cases the gastric juice reaches the duodenum in unfortunately retaining all its active properties, which latter are prejudicial to the action of the pancreatic juice. (See Propositions 13, 14, 15, and 16.)

D. A third duodenal dyspepsia may arise from deficient biliary secretion, this deficiency being followed by the same unpleasant effects as are noticed in the two preceding cases, on account of the non-destruction of the activity of the gastric juice in the duodenum.

E. A peculiar kind of dyspepsia, which might be called of the portal vein, or hepatic, may arise from the vitiation of the intravenous digestion.

F. Certain symptoms of dyspepsia, gastralgia, enteralgia, or hepatalgia, may erroneously be attributed to the stomach, the intestine, or the liver; these symptoms may simply be the result of the absorption of a too abundant, too active, or too irritating pancreatic juice by the *vena portæ*.

G. Bile, when it reaches the stomach, destroys the activity of the gastric juice within that organ, whether it penetrates the cavity pathologically through the pylorus or by the mouth and cardia. The knowledge of this fact may lead to the employment of bile to counteract the morbid superabundance of the gastric juice.

H. The economy is supplied with a variable weight of peptone,

*Last year Dr. CORVISART made some clinical experiments on the therapeutic use of pure pancreatine. The difficulties he met with are recorded in the *Gazette Hebdomadaire* of Paris, May 1857, pp. 321, 322. Dr. G. HARLEY, who read a paper on digestion (just twelve months after the above date) at the meeting of the British Association for the Advancement of Science, seems never to have heard of Dr. CORVISART's article on the subject. Dr. HARLEY maintains, in opposition to the latter physician's statements, that in the administration of duodenal ferment, it is not necessary to imitate nature, who prevents pancreatine from passing into the stomach. For the causes of the difficulties met with by Dr. CORVISART, and the means to overcome them, see Propositions 13, 14 and 15, paragraphs C and D of the summary, and page 51 of the Essay.

though the weight of different kinds of nitrogenous articles of food and digestive force remain the same, the weight of the peptones varying according to the kind of nitrogenous food. It is a great error in hygienics to esteem the trophic, or nourishing power of a nitrogenous article of food, simply by the amount of nitrogen it contains. The trophic, or alimentary standard of food, is not so easily fixed.

I. When it is more urgent to allay pain and irritation about the digestive organs than to restore muscular energy, the food should consist of that kind of aliment which is most quickly and completely dissolved, whatever be the amount of peptone it yields.

J. But when it is more important rapidly to restore muscular force than to allay gastro-intestinal pain, we should, on the contrary, give such food which, the digestive force being the same, yields the greatest weight of peptone, though that food be likely to dissolve and digest slowly. (See Proposition 17.)

K. He who digests with one organ only (stomach or pancreas), is thereby put on half allowance as regards peptone; and he who eats only albumen or gelatinous tissue (instead of caseine or muscle, which yields double as much peptone), is also put upon half allowance: and with a normal and equal digestive force, is only half nourished. (See Proposition 17.)

In the two preceding cases, an over-activity either of the one organ (first case), or of both organs (second case), may occur, and extract from the food the full allowance of peptone. But we must not long trust this extreme functional exertion; for any persisting over-activity must sooner or later end in exhaustion.

L. We should not give for a long time one kind only of nitrogenous food, not only because one kind of azotized aliment is not capable of repairing the waste of the organism, but also because the same article of food given exclusively and continuously (for a week for instance), no longer excites gastric secretion, and no longer fully undergoes the digestive transformation.

M. Most of the peptones upon which I have made experiments, have the peculiarity of not being precipitated by neutral acetate of lead. Now, in all cases where the albuminoid matters of the urine happen to be of the albuminose kind, they remain in solution, in spite of the acetate of lead used to precipitate them. They therefore mask the sugar more effectually than all other ingredients of the urine, when the potash and copper test is employed. The presence of sugar may thus be overlooked when it really exists in the urine.

PIROGOFF'S OSTEOPLASTIC PROLONGATION OF THE BONES OF THE LEG
WITH EX-ARTICULATION IN THE TIBIO-TARSAL ARTICULATION.

BY GUSTAV C. E. WEBER, M. D.,
Professor of Surgery in the Cleveland Medical College, etc. etc.

It is surprising that since the appearance of the excellent monograph of PIROGOFF "*On the Osteoplastic Prolongation of the Bones of the Leg with Ex-articulation in the Tibio-Tarsal Articulation*," not one report of cases in which the new method has been tested has found its way into the journals of this country. At least, to our knowledge, some of our best periodicals have not as yet mentioned this ingenious operation of the great Russian Surgeon.

We think, therefore, that a short discussion, with a report of four cases, will be acceptable to bring, at a rather late period of time, a proceeding to the notice of our professional brethren, which justly deserves our admiration and imitation.

PIROGOFF'S operation has been termed "*a modification*" of SYMES' ex-articulation in the tibio-tarsal articulation, although it is as widely different from this operation, as is a re-section from an amputation. The only similarity, as will be seen, of both proceedings, consists in the character of the flaps. Thus we must claim *a priori*, for PIROGOFF'S operation, the name in our works on surgery of an *original method*, and not simply an original variation of SYMES' method, as it is styled in Canstatt's Jahresbericht by SPRENGLER.

PIROGOFF met, as many others have, with a number of disadvantages in the cases of ex-articulation of the foot after any of the known plans. In SYMES' operation, he found the re-section of the calcaneus very difficult and laborious. He saw the integuments over the tendo Achillis become gangrenous when too thin, and the peculiar dipper-like shaped posterior flap too often the seat of accumulated decomposed pus. BAUDAN'S plan of using the integuments of the instep to cover the end of the bone, presented, what is generally admitted, still greater difficulties in obtaining a sound and useful stump; and Roux's external posterior flap, the concavity and the narrowness of its base with the division of the tendo Achillis at its insertion, furnishes causes for tedious cicatrization and bad stumps. Thus he tried in the execution of his operation to obviate these disadvantages, and obtain more readily an uninterrupted process of repair and a useful extremity.

PIROGOFF commences his operation like SYMES' with a perpendicular incision through all the soft parts, from the external to the internal malleolus, round the sole of the foot. Then he connects the ends of this incision by a second incision, anteriorly slightly convex, in front of the tibio-tarsal articulation. Then the articulation is opened, the astragalus dislodged by the division of the lateral ligaments, and a narrow straight

saw perpendicularly applied directly behind the head of the astragalus upon the os calcis, and the larger anterior portion of the same removed, together with the other bones of the foot, in the line of the first incision. The flaps are retracted, and their base dissected from the adhesion to the tibia and fibula sufficiently to allow a second use of the saw for the removal of the malleoli. The operation is completed by bringing the posterior flap (the heel with the tuberosity of the calcaneus and the insertion of the tendo Achillis) forward to be brought into coaptation with the cut surfaces of the tibia and fibula.

This proceeding he finds indicated in almost all cases where SYMES' operation was previously performed, as in affections of the articulation, the bones of the tarsus, and in injuries implicating the metatarsal and tarsal bones. In these affections, the tuberosity of the calcaneus will seldom be invaded, so that it can be used for the partial restoration in the loss of length of the extremity, in the manner above described.

PIROGOFF has published three cases in which he performed his operation successfully, and quite satisfactorily to his patients and himself, obtaining a stump ready for use at a comparatively shorter period than after SYMES' operation, the length of the extremity being diminished from three-quarters to one inch only, which during locomotion could hardly be noticed on account of the accommodation of the pelvis.

Objections have been raised against this new operation, many of which, no doubt, are rather grave and important. First of all, it was said that the portion of the os calcis, which is left behind, would necrose and give rise to trouble. Then it was urged that the contraction of the muscles of the calf of the leg would cause a disarrangement of the coaptation of the osseous surfaces, as the heel has to describe a quarter of a circle in order to be brought forward to meet the anterior flap. By this change of the direction of the axis of the heel, the insertion of the tendo Achillis is removed from the point of origin of its respective muscles, and thus the latter stimulated to forcible contraction.

As against SYMES' mode of operation it was said that divided tendons and their sheaths would inflame, and abscesses and a tedious process of repair would follow. At last, doubts were entertained as to a perfect osseous union (between the os calcis and the cut surface of the tibia and fibula), and as to the true usefulness of the limb dependent thereon.

In regard to the first objection, it can be asserted that all fears of necrosis are entirely unfounded. In none of the cases now on record, has death of the bone occurred; and this can easily be explained when we consider the intimate connection of the periosteum of the calcaneus with the cellular tissue surrounding it, and also that the posterior tibial artery is not divided, but only the plantar branches. Thus the nutrition of the flap and remaining bone is not interfered with.

Before we enter on the discussion of the other objections, we will give the experience of PIROGOFF and others who have given a fair unprejudiced trial to this operation.

PIROGOFF met, in the execution of his plan, with difficulty in the adaptation of the osseous surfaces, and therefore proposes a more oblique section of the calcaneus, from upwards and backwards in a downward and forward direction, so that the segment of the circle, which the heel has to describe for adaptation, is diminished. The possible inflammation of the sheaths of tendons he obviated in his cases by dividing them not too short, so that they contracted within the sheath, or even escaped entirely posteriorly by the contraction of the muscles. By the application of a roller, moderately compressive, the infiltration of the canal of sheaths with secretion from the wound, and consecutive irritation and suppuration are, as he believes, easily avoided.

SHUH reports a case where PIROGOFF's operation was performed by him with the best of success. A young man 23 years of age, covered with scars from scrofulous sores, had caries of the bones of the tarsus for 20 years. His general health became impaired, and amputation in the ankle joint necessary. SHUH operated entirely after PIROGOFF's directions. He found, however, that the contractions of the muscles of the calf were so violent, that perfect adaptation could not be brought about. He therefore was obliged to resect another small wedge-shaped piece from the portion of calcaneus left, the base of which was directed backwards. Ligation of two small vessels, coaptation, sutures, and strips of adhesive plaster applied. Re-action and inflammation slight, the osseous surfaces united firmly by first intention. The lips of the wound of soft parts separated a little, and on the tenth day after the operation, a small abscess formed near the inner border of the tendo Achillis—was opened and closed again on the twenty-second day. Six weeks after the operation the whole stump was healed with the exception of a narrow short superficial portion along the line of union of the flaps. The shortening of the extremity was so slight that it could hardly be noticed.

O. WEBER, of Bonn, operated, on the 12th day of May, 1854, upon a man aged 37 with caries of the tarsal bones, and contraction in the knee joint, exactly after PIROGOFF's method. He found, however, great difficulty in the coaptation of the flaps, and had to follow SHUH's modification, after division of the insertion of the tendo Achillis had failed. Suppuration was very extensive, but toward the latter part of June, the stump was so far healed that only two small fistulous openings remained. Five months after the operation, although some of the fistulous openings were still present, the limb could be used without causing the slightest pain. The shortening amounted to three-fourths of an inch. In consequence of this embarrassment in bringing about the apposition of the osseous cut surfaces, WEBER proposes an oblique section of tibia and fibula, as well as of calcaneus removing of the former with their malleoli a wedge-shaped piece of the articulating surface.

MICHAELIS complained also that he could not adapt the flaps during an operation after PIROGOFF which he performed in August, 1854, for caries

of the tarsus, until a wedge was removed from the remaining portion of calcaneus, although the diseased articulating surface of the tibia and fibula with malleoli was removed in an oblique section from in front backwards. In the fourth night the delirious and restless patient tore off the bandages, the sutures tore through, and the flaps separated; but still, notwithstanding excessive suppuration, formation of abscess in the sheath of peronei, delirium and chills, the patient escaped, and after ten weeks, had a sound stump, shortened one inch.

ZANDERS performed PIROGOFF's operation upon a little boy of 13 years for caries of tarsus and metatarsus. The calcaneus was divided just behind the sustentaculum and could easily be applied to the cut surface of tibia and fibula. The limb became strong, sound and useful in about eight weeks, being shortened about one inch.

B. LANGENBECK feared in his case the contraction of the muscles of the calf of the leg, and commenced the operation with the division of the tendo Achillis. Adaptation was easy and perfect. After the operation, application was made of sutures; rollers and warm water baths were used. Union was almost entirely effected by first intention. On the 24th day the stump was sound, and calcaneus and tibia firmly united. The shortening amounted to half an inch.

ULLRICH also divided the tendo Achillis before his operation, used the warm water bath, and obtained partial union by first intention, and a perfectly solid stump in ten weeks.

SEDILLOT recommended the establishment of oblique cut surfaces of calcaneus and tibia and fibula, also on account of the difficulty which he encountered in the coaptation of the flaps. So far the experience of others. I will now recur to my own acquaintance with the matter.

[To be Continued.]

ABSTRACTS AND SELECTIONS for the PENINSULAR AND INDEPENDENT.

By M. A. PATTERSON, M.D., Tecumseh.

ON THE USE AND THE ABUSE OF THE IODIDE OF POTASSIUM, AND OTHER ARTICLES OF THE MATERIA MEDICA. By BERNARD KELLY M.D., Physician to the New York Dispensary. (*Am. Med. Monthly.*)

The greater the good, the greater the probability of its being abused. When the old alchemists were in search of the philosopher's stone, whereby they sapiently concluded they could convert all things into gold, whatever new substance they discovered in their philanthropic investigations, they soon endued with panaceal powers; hence the great celebrity with dawned upon BASIL VALENTINE's anti-monastic metal—Stibium. This is but a solitary instance of what might be cited of the wonderful credulity which tinged all the scientific theories of the Middle Ages. The names which yet cling with inveterate tenacity

to many of our officinal preparations, only mirror too faithfully the conceited efficacy imputed to them by the ancient physicians. Thus the old terms, *arcanum duplicatum*, *lignum vitæ*, *elixir salutis*, *proprietas*, *sal mirabile*, &c., &c., figure still on the pages of our pharmacopœias. The old Arabian and Greek pathologists seemed to be comparatively free from this pernicious tendency of ascribing mysterious powers to their remedies. Indeed, we do not know but that, in this respect, they would bear a very favorable comparison with men of the nineteenth century. The origin, and ultimate perfection, of a science, often approximate in the principles which endue it with vitality; it is only in the intermediate stages that errors and false speculations distract investigators from the path which leads to just and legitimate conclusions. The works of HIPPOCRATES contain most of the practical and important truths we find in modern medical authors.

It is curious to note, in the history of our profession, the conflicting shades of opinion which have obtained in all ages, and all climes, respecting the efficacy of the same medicinal agent in the same disease. To pass over examples of antiquity, and select those of comparatively recent date, colchicum is lauded by some to the stars, as a sovereign specific in gout and rheumatism, by others deemed completely inert. Conium, in the hands of Baron STÖRCK, seldom or never failed to cure scirrhus and cancerous tumors, while others only recognize in it palliative properties. The Rochelle salt, in our own times, has acquired a world-wide reputation in the treatment of acute arthritic affections, its use, in such cases, being predicated by the co-existence of uric acid in the urine, which it is said to neutralize and render alkaline; but rheumatism, unfortunately, is not the only disease in which a deficiency of urea and an excess of uric acid are discovered, the same thing being found in all pathological conditions in which the equilibrium between the respiration and circulation is disturbed. Thus, uric acid predominates in the urine in all fevers and inflammations; more especially in pleuritis and pneumonia; the effete nitrogenous matter of the system not being duly oxydized, and converted into urea. So that, if the sal Rochelle prove curative in rheumatism, it is not because it changes an effect, not a cause of the disease, but in all probability because it allays the inflammatory excitement by its refrigerant and purgative properties. As far as we have seen its efficacy in this complaint, we can not say but that the sulphate of magnesia, or tartrate of antimony, would prove equally, if not more curative.

Either medicines vary in their action at different epochs; or diseases change their types, and grow unaccountably rebellious; or physicians err egregiously in their diagnosis: else why this discrepancy of opinion with respect to the virtues of therapeutic agents? Who has

not heard of the magic power of Sarsaparilla in annihilating syphilis and all its scaly progeny? ALADDIN and his wonderful lamp never performed such feats, wrought such miracles! Its fame resounded throughout the length and breadth of the land; gorgeous palaces reared their proud summits beneath the touch of its golden wand; fierce litigations raged on it head; yet to-day, there is not one, even among the lowliest, to do it honor. *Sic transit gloria mundi!* For the last twenty years, medicine has made gigantic strides towards the goal of perfection, by reason of the light which the lamp of physiology has thrown upon the field of its research. Pathology, as revealed by *post-mortem* evidence, has done a vast deal. But unhappily, there still exists an irresistible proclivity in the minds of physicians to relapse into the path trodden by countless generations, and consecrated by antiquity. The stale empiric leaven of the Middle Ages is not yet entirely expunged. Calomel, that *fair, dark* remedy, that two-edged sword, though not quite as fashionable now-a-days as some years ago, is still applied heroically in thousands of cases, where the resources of nature alone are fully adequate to the task. There is little sense, one would imagine, in killing a mosquito with a sledgehammer; but there is still less sense, and far worse judgment, in using this formidable preparation in the treatment of diseases, where, at most, the spts. of mindererus, or nitre, or ipecac. would be indicated.

This brings us to speak of an article of the *Materia Medica* which surpasses in celebrity, and the extensive range of its action, any therapeutic agent of ancient or modern times—we allude to the iodide of potassium. Had this substance fallen in the way of the inquisitive alchemists, they would have doubtless hailed it with the same frantic demonstrations of delight, as did that philosopher of old, who, when the solution to an important question in physics, which had long remained enshrouded in the darkest mystery, burst for the first time upon his mental vision, ran naked through the streets, regardless of modesty and everything around him, shouting out *Eureka! Eureka!* Now, the iodide of potassium, though a most valuable remedy, is not by any means the specific which the laudations and practice of many would lead us to suppose. We have seen it given with a good deal of confidence, on the part of the physician, to patients laboring under confirmed cardiac disease, with mitral or aortic regurgitation, where an anæmic countenance and œdematous limbs seemed to crave anxiously for iron; not that the latter would reach the disease any more than the iodide, but the distressing symptoms of regurgitation and anasarca are very sensibly relieved under its judicious use. Molasses, or any other viscid substance, flows through a narrow aperture, when propelled, as the blood is, by a sudden, energetic, and brisk impulse, almost with the same rapidity as water under the same circumstances; whereas, when this power is removed, and both fluids are left to the

agency of their own specific weight, there is a vast difference in the speed with which each accomplishes its reflux—the water, though much the lighter runner, being *facile princeps* in the race. In no other way can we account for the amelioration of the symptoms in cardiac disease, especially when complicated with anæmia, than by a knowledge of the important fact that the blood acquires a greater degree of consistence and visciduity under the use of chalybeates, and consequently prevents more effectually its *liquor sanguinis* from filtering through the coats of the vessel, or promotes its absorption, if already effused, on the principle of *exosmosis* and *endosmosis*. The regurgitation is also, for the same reason, very materially diminished. The iodide, on the contrary, possesses the remarkable property of attenuating the blood, thereby increasing the reflux current, and the tendency to dropsical accumulations—the very accidents we desire most anxiously to ward off. To be sure, under certain circumstances, it removes serous effusions by the action of its diuretic property, but this rule applies almost universally in local inflammations, and never in dropsies complicated with anæmia and dependent upon organic cardiac disease. Not by any means the most trivial abuse of this medicine is its wanton and indiscriminate employment in all stages and forms of syphilis. From the soft, non-infecting sore to the indurated chancre, from the serpigenous to the phagadenic, from the primary to the tertiary, and *quaternary*, if there be such a stage, it is used as the *sine quâ non*, the sheet-anchor upon which we are to rest all our safety and expectations.

Now, RICORD has shown (and in this consists, perhaps, his most imperishable claim to glory) that there is but one variety of the primary sore that requires any specific treatment; that the soft, the phagadenic, the serpigenous and gangrenous kinds, far from needing mercury or the iodide of potassium, are, on the contrary, generally aggravated by their internal exhibition, and improve under the use of iron, quinine, and stimulating local applications. The only form of syphilis in which the iodide is admissible is the tertiary, for which it may be well termed a safe and certain specific. No doubt it relieves patients laboring under secondaries, but its action here is purely palliative; it soothes the rheumatic and nocturnal pains, without reaching their source; it beguiles the unhappy sufferer into the delusive conviction that he is rapidly getting well, while, in reality, it protracts and postpones his radical cure; in a word, it is totally incompetent, though possessing great virtues, to compete with the ruthless enemy which occupies the citadel. The disease must abate considerably in its virulence before we can rationally rely upon this agent as an antidote; hence its glorious achievements in all tertiary forms. But if the iodide prove an unequal match in combatting syphilis in the earlier stages, there are other maladies over which it exercises a powerful control.

We know of no better remedy in the subacute and chronic forms of articular rheumatism, when administered in considerable doses; say from 8 to 10 grs. for adults, and repeated every three or four hours. In the incipient stage of phthisis, before the tubercles are deposited to any great extent, or previous to their softening, it may be very advantageously used with the double view of arresting their further development and promoting their absorption. In the intermediate and last stages of the disease, it can never legitimately supersede the use of quinine, iron, and cod-liver oil. In chronic pleuritis and the gray hepatization of pneumonia there can scarcely be a more efficient therapeutic. It seems to act in such cases, not only as a diuretic, in removing serous and other abnormal effusions, but also as a powerful alterative, in changing the local morbid processes, by entering the circulation, and stimulating the inflamed capillaries to contraction, thus relieving the engorgement upon which the phlegmasia depends. In a word, it may be reliably given in all strumous, subacute, and chronic inflammations, wherever located, backed up by stimulating topical applications, when practicable, or not contra-indicated by the peculiarity of the case.

THERAPEUTIC PROPERTIES OF SARSAPARILLA.

Dr. A. M. ADAM, in speaking of Prof. BÆCKER, of Bonn ("Medical Notes from the Continent," &c., in *Edin. Med. Journal*, Oct. 1858), states his most recent pharmacodynamic experiments," which, I believe, are as yet unpublished, have been made with sarsaparilla. He informed me that, after carefully performing ninety-eight experiments with this drug on healthy people, he found that, contrary to all our usually received opinions on the subject, it possesses neither diuretic nor diaphoretic properties. Another series of twenty-six experiments, on the persons of uncured syphilitic patients, gave exactly the same results. BÆCKER also satisfied himself that sarza does not increase the efficacy of the agents, such as iod. potass., &c., which are usually given along with it; and the good results obtained by the administration of this salt, dissolved in that decoction of sarza, are in no degree attributable to any virtue in the solvent fluid. I told Dr. BÆCKER that I remembered hearing Professor SYME, many years ago, express his opinion on the utter uselessness of so expensive a drug as sarza, remarking, in his own quaint, forcible style, that he believed an "infusion of hay" would be just as good, and a vast deal cheaper. He seemed amused, and said that he entirely agreed with SYME; that infusion of sarza had no greater effect on the system than so much common tea; and that we must regard it merely as a pleasant, but very expensive, vehicle for the administration of other medicines."

[Our own clinical observations have led us to the same conclusions as have been arrived at by the learned professor of Bonn, as to the utter absence of any therapeutic properties in the sarsaparilla.]

THE ENTERIC JUICE.

The following are results arrived at after numerous experiments by Professor BUSCH, of Bonn:

1. Hunger is constituted by two sensations; the first is represented by the nervous system in general, and derived from the impoverished condition of the tissues; the second originates with the nerves of the digestive organs, indicating their emptiness. The former is removed only by the required assimilation of nutritive elements, and not by merely filling the first passages.

2. The peristaltic motion of the intestines takes place with the same power within the abdominal cavity as when exposed to the atmospheric air. Its propelling power equals a column of water twenty-four inches high.

3. The alimentary canal has its periods of rest and action.

4. The quantity of enteric juice secreted is invariably small, and of alkaline reaction. Its percentage of solids averages 5.47.

5. Enteric juice is capable of digesting amylaceous and protein substances.

6. Enteric juice converts starch into grape sugar.

7. Enteric juice prepares protein substances for assimilation under the phenomena of putrescence.

8. Enteric juice leaves cane sugar unchanged.

9. Cane sugar, absorbed as such, is not discharged in the urine.

10. Fat, unless exposed to the action of bile or pancreatic juice, is absorbed either not at all or in insignificant quantity.

11. Food appears between fifteen or thirty minutes after being taken in the superior third of the thin intestine.

12. Solutions of cane sugar disappears in part before entering the small intestine; all that enters the latter is converted into grape sugar.

13. Raw albumen taken from hens' eggs is directly absorbed in the stomach and the adjoining portion of the small intestine. All that descends to the lower portion of the latter is unchanged.

14. Gum is not converted into sugar, but remains unchanged.

15. Gelatine is dissolved, and loses thereby its coagulability.

16. Casein remains partly dissolved in the digestive fluids.

17. Fat is entirely emulgated by the digestive fluids when alkaline or neutral, but partially when acid.

18. The digestive liquids of the small intestines possess digestive powers over protein substances.

19. The minimum of all digestive fluids entering the small intestine in the course of twenty-four hours, amounts to more than the seventeenth part of the weight of the body. [*Med. Times and Gaz.*, March 26, 1859.]

ON JERKING RESPIRATION (RESPIRATION SACCADEE). By Dr. A. BOURGADE. (*Archives g n rales*, Novembre, 1858.) *Brit. and For. Review*, April, 1859.

Dr. BOURGADE is of opinion, and we think justly, that the profession have not paid sufficient attention to interrupted or jerking respiration, as one of the earliest symptoms of pulmonary tubercle. He details nine cases, and states that he has observed others, in which jerking respiration heard at the apex of one lung was the first auscultatory phenomenon indicating

the deposition of tubercle subsequently proved by more palpable symptoms, and in part confirmed by post-mortem examination. In discussing the rationale of its production, he quotes one post-mortem examination, which absolutely disproves the views of Messrs. BARTH and ROGER on this point. They hold that it is due to the presence of the adhesions which are so frequently met with at the apex of the lungs in phthisical subjects. In the case in question, there were no adhesions at the apex or about the middle of the lung in which the jerking respiration had been heard. It is to be remembered that the symptom is most commonly met with at a time when no evidence exists of preceding or accompanying pleurisy; the character of the sound and the structure of the parts in which it is found has always seemed to us to justify our attributing it to a partial constriction of the smaller bronchi, owing to adjoining tubercles pressing upon them, the effort of inspiration causing the successive opening of the obstructed passage. We have met with cases in which spasm appeared to be the cause of the constriction: but we hold with Dr. BOURGADE that, in the great majority of cases, jerking respiration is a sign of tubercular deposit.

We would endorse the following summary of observations made by Dr. BOURGADE. Respiration is jerking when the respiratory murmur presents three or four brief intervals, and the ausculting ear experiences the sensation of a certain difficulty in the expansion of the pulmonary tissue from the prolonged expiratory murmur. The respiratory murmur otherwise preserves its normal timbre, and the symptom is chiefly observed during inspiration; it occurs, but less frequently, during expiration. This change in the respiratory murmur does not persist beyond a limited period; a prolonged expiratory murmur follows, or, more rarely, progressive diminution of the respiratory sound. This fact probably explains the circumstances of the symptom having been overlooked by many hospital physicians, who, seeing phthisis chiefly in its more advanced forms, do not meet with jerking respiration here as frequently as in private or extra-hospital practice. Jerking respiration is commonly limited to the apices of the lungs, which we should explain by the greater resistance of the parieties of these parts favoring the pressure of tubercle upon the adjoining bronchial tubes. When the patient is made to breathe more fully, the symptom is not rendered more palpable, but commonly disappears altogether. Jerking respiration is not always continuous, but at times presents regular intermissions; it may occur at every second, third, or fourth inspiration, sometimes even a greater intervals. It is chiefly at its first appearance that it presents this character, but when well marked it is commonly continuous; like other auscultory phenomena, it may vary in strength and precision from day to day.

In concluding his paper, the author, though attributing much more importance to jerking respiration as an early sign of pulmonary tubercle, states he does not regard it as an absolute evidence of the deposit having

taken place; for this purpose he justly requires the presence of collateral, general, or local symptoms.

RAPIDITY OF THOUGHT OR NERVOUS ACTION. By M. ULE, *Revue Suisse*.

The method of transforming the valuation of time into space by the rapid revolution of a cylinder, proposed by Mr. FIZEAU, has been applied to the measurement of the rapidity of nervous impulse. Such a cylinder, rotating 1000 times a second, and divided into 360 degrees, may measure 1-360,000th part of a second; or rotating 1500 times a second, 1-540,000th part of a second; and even this may be subdivided by a microscope, so as to obtain the 10-millionth, or perhaps 100-millionth part of a second. By this extreme minuteness of subdivision of time, it is not difficult to measure even the rapidity of a nervous impulse. If an electric shock be given to the arm, it produces a sensation and a contraction of the muscles. Hence, by noting the interval of time between the shock and the contraction, the time occupied by the transmission of the sensation and the action of the brain, however quick, will be determined. By trying the experiment with different parts of the body, sensible differences have been observed, the shock applied to the thumb being one-thirtieth of a second behind that applied to the face; and this difference pertains to the transmission and not to the action of the brain, and hence enables us to eliminate the latter in the experiments. In this way it has been found by M. HELMHOLTZ (by whom these experiments have been made with the most care :

1. That sensations are transmitted to the brain at a rapidity of about 180 feet per second, or at one-fifth the rate of sound; and this is nearly the same in all individuals.

2. The brain requires *one-tenth of a second* to transmit its orders to the nerves which preside over voluntary motion; but this amount varies much in different individuals, and in the same individual at different times, according to the disposition or the condition at the time, and is more regular the more sustained the attention.

3. The time required to transmit an order to the muscles by the motor nerves is nearly the same as that required by the nerves of sensation to pass a sensation; moreover, it passes nearly one-hundredth of a second before the muscles are put in motion.

4. The whole operation requires one-and-a-quarter to two-tenths of a second. Consequently, when we speak of an active, ardent mind, or of one that is slow, cold, or apathetic, it is not a mere figure of rhetoric.

[*Edin. New Philosophical Journal*.

A NEW REMEDY FOR HYDROPHOBIA. By Dr. EULENBURG.

On the 24th of August, last year, GUERIN-MENEVILLE submitted to the Paris Academy a report on the cure of hydrophobia by the use of powdered cetoin, the French name for *Cetonia aurata*, the chemical examination of which was entrusted to BERTHELOT and DE LUCA. Nothing as

yet has become known of the investigations of the Academy. The author having occasion to obtain some information regarding the use of this remedy, in some parts of Russia, states that the physician of the PRINCESS ORLOFF had this bug examined by BACH, of Boppard, who found it to be *Cetonia aurata*, which, according to reliable information, has cured twenty-one mad dogs and four cases of hydrophobia in men.

The bug belongs to the family of Scarabæides, or Lamellicornes of Latreille; it is flat, has a strong metallic lustre, the body is of a copper red, the upper part of a golden green color, it is seldom red all over; deepened, curved lines run across the sheath wings, more or less marked with white spots; size .6 to .9 inches. When in danger, the bug emits from all points a grayish mass of a disagreeable odor. Its larva lives generally in the nests of ants (*Formica rufa*), and has been collected in July and August for the above purpose; one teaspoonful of the powder is said to be sufficient for men or dogs. It is worth while to draw attention to such a simple remedy.

Empiricism has a vast field with hydrophobia, and probably nowhere else has the attempt been oftener made to find a specific for a disease.—*Dr. Wachtel's Zeitschrift—Wittst. Viert. Schr.* VIII. 85, 86.

MODUS OPERANDI OF CHLOROFORM.

Dr. F. PROSSEK read before the Physiological Society of Greisswald, an account of experiments with chloroform, made under the direction of Prof. HUNEFELD, which seem to establish the following conclusions as to the modus operandi of chloroform, beyond a doubt:

Chloroform produces anæsthesia by abstracting from the blood some of the oxygen necessary to the continuance of the organic processes, thus causing impaired nutrition of the central organs and nerves; hence the insensibility of the sensory, and the relaxation of the motory nerves.

The oxygen of the blood probably combines with the carbon (liberated by the decomposition of the chloroform) to form carbonic acid, while the chlorine and water of the chloroform probably form hydrochloric acid, &c. Into what combinations this hydrochloric acid may then enter with the ingredients of the blood, is as yet unknown.

The other anæsthetics, ether, amylene, &c., act similarly, and their modus operandi may be compared to the narcotizing or asphyxiating action of carbonic acid on nitrous oxide.

[*Virg. Med. Jour.*

TREATMENT OF POISONING BY PHOSPHORUS.

In France, numerous deaths are annually caused, accidentally and by design, from phosphorus. Although this substance is not often swallowed in this country, yet the facilities for obtaining it are so great, that we

commend the following directions, in cases of accidents from phosphorus, to the notice of our readers. They are by MM. ANTONIELLI and BORSARELLI, and are taken from the *Journal de Chimie Médicale*:

1. In case of poisoning by phosphorus, or by substances containing it, it is especially necessary to avoid fatty substances, which, far from opposing the action of phosphorus on the organs, increase its energy, by facilitating its diffusion in the system.

2. The employment of calcined magnesia, suspended in water which has been boiled, and administered in large quantities, is the best antidote, and, at the same time, the most convenient purgative for expediting the elimination of the poison.

[*Boston Med. and Surg. Jour.*]

THE EFFECTS OF CHALYBEATE WATERS.

Mr. STANISLAUS MARTIN observed, at Chateau-neuf, in Auvergne, that gallinaceous and ruminant animals were exceedingly fond of ferruginous waters, but that they exerted the mischievous effect of drying up the milk of the cows. Wishing to see whether this effect extended to the human subject, he induced a young mother to make use of some of the strongest of these waters several days, and the result was, that if she had continued to drink them, all her milk would have disappeared. From this fact, among others, he cautions practitioners against prescribing ferruginous substances for nursing women, except when their employment seems clearly indicated.

DIAGNOSIS OF MELANOTIC CANCER.

From the *Wiener Wochenschrift*, we abstract the following remarks of EISELT, of Prague, on the diagnosis of this form of cancer by chemical reagents on the urine. Dr. EISELT states that the pigment which enters into the composition of Melanotic Cancer is more or less re-absorbed, and that it is discoverable by chemical analysis in the urine of the unfortunates attainted with this affection.

The process is to mix the urine with bichromate of potassa [no quantity is given]; then, by the addition of a few drops of sulphuric acid, the urine, if it contain the pigment cells of the malady, becomes dark, according to the proportional amount that may be present.

[*Pacific Med. & Surg. Journal.*]

ALUM AND SAVIN IN CONDYLOMATA.

In those raised patches of skin, known as mucus tubercles, or condylomata, existing about the verge of the anus and around the genitals, but especially those which are wide-spread and flat, more extensive than prominent, Mr. COULSON, at St. Mary's Hospital, has been remarkably

successful in producing the diminution of the swelling and causing them to dry up, by the application to a powder consisting of equal parts of alum and savin. This is quite painless, and a cure is generally completed in a few days.

[*London Lancet.*

ACUTE OTITIS.

It is well known that this painful affection may occasionally be promptly relieved by the application of one or more of the narcotics. TROUSSEAU, according to the *Journal Chimie Médicale*, prescribes the following mixture:

R̄.	Extr. Belladon.	.	.	.	.	.	gr. xv.
	Aqua	.	.	.	.	.	q. s.
	Glycerine	.	.	.	.	.	dr. jss.

A little cotton, moistened with the liniment, to be placed in the external auditory passage.

CROUP.

Dr. PUDON relates some cases, as examples of the great benefit he has derived from the continuous application of cold wet compresses to the neck, simultaneously with the administration of sulphate of copper, in two-grain doses every half hour; sixty-four grains having been given in one case, and seventy in another.

[*Journal für Kinderkrank.* and *Med. Jour. of N. Carolina.*

IODINE AND MERCURIAL OINTMENT.

A favorite ointment in use at St. Bartholomew's Hospital for removal of obscure swellings, depending upon inflammation or some other cause, is ten grains of iodine, with a drachm of mercurial ointment and an ounce of lard.

[*Ibid.*

POPULAR REMEDIES OF RUSSIA. By A. REX, Chief Physician to the Mines of Smjejinogorsk, in Siberia.

Three years ago, an engineer from the mines of Altai, began to suffer with stricture of the urethra, in consequence of hemorrhoidal congestion. He was compelled to return to the mines without being able to use the remedies proposed by his medical adviser. The bad roads, cold weather, and want of convenient opportunities for the attention of natural calls, at the stations, gave rise to an orchitis, which forced him to stop a day at Tienmen, in order to apply leeches about the anus. He arrived a few days afterwards, at Barnaoul, suffering the most painful ischury. The introduction of the catheter gave excessive pain along the prostatic portion of the urethra, and the therapeutical means, such as Belladonna ointment, leeches

to the infra - abdominal region and anus, etc., brought no relief. His sufferings increased daily, when the heps (the fruit of the wild dog rose) was proposed by some sympathizing bystanders, and, without consulting his physician, a handful was immediately browned, ground, and prepared like coffee, and the patient drank one glassful; in half an hour afterwards he passed three pounds of thick turbid urine. I arrived at the moment relief had been obtained. He ascribed his recovery to the heps, altogether denying the efficacy of the other remedies he had used. The patient soon recovered, and has since enjoyed good health.

I determined afterwards to test the value of this remedy in a case of strangury resulting from rheumatic cystitis, and it proved effective; I tried it also in blennorrhœa, in which it showed diuretic properties but failed to cure. It has likewise proved useful in suppression of urine, in fevers accompanied with pain in the renal region; lastly I cured with it two cases of recent ascites. The white dog rose grows abundantly on the mountains of the Altai, and the fruit contains much tannin, and is popularly used in the form of infusion or decoction in diarrhœa. For the same purpose they use a decoction of the *pimpinella saxifraga*; garlic is also a favorite remedy in this class of affections.

Among the officinal plants abundant here, *aconitum* deserves particular mention. It is gathered during and after flowering, dried, and preserved as a remedy for colds. The following is the manner in which it is used: When one feels, from the ordinary indications, that he is "taking cold," he puts of this herb *ad libitum* on a piece of bread, lays down on the warm oven, eats his medicated bread, and covers himself with furs; this is followed by a profuse perspiration and recovery. We will not be astonished at the excessive dose, when we reflect that many persons here accustom themselves to mineral poisons to such a degree that they drink large quantities of corrosive sublimate with brandy, or take it upon bread with apparent pleasure. But they always seek when using such remedies, a very warm place, in order to encourage perspiration. In popular veterinary medicines *aconitum* also plays an important part.

Pneumatosis intestinalis is treated in the villages, with dried ant eggs, which have a carminative influence so undoubted, or so strongly imaginary, that this agent is often taken for amusement, and its hyper - action restrained with alum.

The wood and bark of the *Juniperus Sabina* are used as anthelmintics in infusion or decoction.

From the Kirghize Steppe, dried apricots are imported into Siberia, and are useful in chest complaints, probably on account of their sugar. The remedy is popularly prepared as follows: The kernels are separated from the pulp, and, with the rind crushed in a mortar, the mass is placed together with the pulp into an earthen jar. New *quas* is then poured over it, and the jar closed up with dough, and allowed to sit all night in a warm oven. With this preparation consumption is said to be cured; but among

the people, every chronic chest disease is termed consumption. Nevertheless it has proved serviceable in pulmonary catarrhs and hemoptysis. In similar affections, infusions of ceratonia siliqua, of rye-flour, &c., are also used.

Frequently also, the following remedy is used in these affections: In the spring, sprigs of the *Larix Libirica* are bound in bundles, then macerated in steam, and, while in the hot vapor bath, the patient places them over his chest and face, and inhales their resinous odor.

The blood of a dog, used as a bath while yet warm, is regarded as a good restorative of frozen limbs.

Among the many remedies for epilepsy, beds of partridge feathers are much resorted to. Though it would be difficult to explain the *modus operandi* of this remedy, it is highly praised.

[*Russian Med. Gazette and Louisville Med. News.*

RED AND DARK BLOOD. By Dr. BLAKE.

"One of the most interesting physiological discoveries that has been made for some time, has just been published by BERNARD, in a memoir read at the Academy of Sciences at Paris, on the 25th January. The author observes, 'We sometimes find venous blood as red as that in the arteries. I have often noticed this in the renal veins, but it is not confined to them, but can be produced at will in any of the glands simply by exciting their functions.' In an experiment cited by BERNARD it is stated, 'The sub-maxillary gland furnished quite dark blood from its veins, but on exciting the gland by a galvanic current, the veins furnished red blood. On arresting the galvanic current the blood again became dark, and was again red on repeating the galvanic stimulus.'

"The observation of this interesting fact is, we think, of great importance, not so much as an isolated fact, but as tending to lead to researches on the action of the nervous system in secretion. The chemists, we believe, have had it rather too much their own way in the investigation of physiological phenomena during the last twenty years. The observation above cited proves that a gland is something more than a simple alembic or combustion tube into which so much albumen, fibrine, &c., enter, and which turn out so much urea, carbonic acid, and water, through the play of ordinary chemical affinities. The experiment of BERNARD plainly points out that a dynamic element conveyed by the nerves, exerts at least a powerful influence in modifying the reactions."

[*Pacific Medical and Surgical Journal.*

TESTS TO ASCERTAIN THE GENUINENESS OF BALSAM OF COPAIBA.

M. Guibourt, being one of a commission appointed by the *École de Pharmacie de Paris* to examine and report on the quality of the copaiba

contained in the capsules manufactured in such great variety at the present day, took advantage of the opportunity to examine the different samples of this drug found in commerce, so as to find the best means of recognizing the purity of this vegetable product.

Copaiba is not the product of a single tree, but is drawn from seven or eight species of *Copaifera* growing in America, from the Brazils to Mexico and the Antilles. Thus it happens, that this oleo-resinous balsam may vary very much in its consistence, color, odor, and even in its chemical characters and composition, and, therefore, we should be very circumspect before pronouncing it to be adulterated.

Having taken a balsam of known purity as the type of the best copaiba, and to serve as a guide in the estimation of the other sorts, he adopted the following tests, in each case, as characteristic of good copaiba:—

One part of the balsam mixed with two parts sulphuric ether.

One part of the balsam mixed with two parts absolute alcohol.

One part of the balsam mixed with ten parts spirit of wine.

One part of the balsam mixed with two-fifths of its weight of pure strong solution of ammonia, at 60° Fahr.

One part of the balsam mixed with one-sixteenth of its weight of recently calcined magnesia, and triturated some time in a mortar; then introduced into a bottle, and corked.

One part of the balsam treated in the same manner, with one-fourth of its weight of carbonate of magnesia.

One or two drachms of the balsam boiled in three or four pints of water, till the liquid is reduced to half a pint.

From a great variety of samples, all treated in the same manner, the Professor deduced the following conclusion:—

1. A copaiba which possesses the four properties: *First*, of being entirely soluble in two parts of absolute alcohol; *Second*, to form at the temperature of 60° Fahr. a transparent mixture, with two-fifths of its weight of a strong solution of ammonia; *Third*, to solidify with one-sixteenth of its weight of calcined magnesia; *Fourth*, to produce a dry and brittle resin after prolonged ebullition with water, is a balsam which is certainly pure; and those which present these four properties are to be preferred to all others.

2. The last character is an indispensable complement to the three first, which alone are not sufficient to certify the purity of the balsam. On the other hand, one or two of the first characters may be wanting, without necessarily involving the adulteration of the balsam. When these characters are wanting, we must try to discover the presence of some foreign substance; but unless we can prove its presence, we must not conclude that the balsam has been adulterated—it may arise from some unknown properties in the variety of the tree from which it is produced.

3. The characters drawn from the action of ammonia, and of calcined and carbonate of magnesia, and which have been regarded as the most certain means of detecting the adulteration of copaiba by a fixed oil, are far from possessing that value which has been assigned to them. The soft state of the resin of copaiba, deprived of its volatile oil by boiling in water, is a much more certain test of this falsification.

SENNA LEAVES.

Messrs. Bley and Diesel have submitted *Senna obovata*, *S. Alexandrina*, and *S. Tinnevely* to chemical examination, and obtained the following result: Volatile oil and malic acid could not be discovered in the senna. The leaves of *Cassia lanceolata* and of *C. obovata* left eleven or twelve per cent. of alkaline ashes, in which chloride of potassium, traces of lime, magnesia, and soda, were found mostly combined with carbonic acid, and also phosphoric and silicic acids. Senna leaves also contain a peculiar yellow resin, probably the same which Feneulle obtained in the impure state from senna pods. Messrs. Bley and Diesel call it Chrysoretin. The brown resin and brown extractive matter, which was called by Lassaigne and Feneulle, Cathartin, can not be completely separated from each other. Pectin, gummy extractive matter, chlorophylle, and a small quantity of fat, were also found.

Although the authors were not able to isolate the active principle, yet they are of opinion that Alexandrian senna is more active than either the *obovata* or *Tinnevely* senna, because it yields a larger quantity of a spirituous extract, having a superior odor and taste. This property is used as a measure, for spirit of wine also dissolves almost all the constituents which water takes up from the leaves. At the same time, it is observed as a striking circumstance that the alcoholic extract of half an ounce of senna (which had been perfectly exhausted by spirit of wine) produced only nausea and uneasiness, and could, therefore, contain but little of the active principle. As regards experiments concerning the efficacy of the individual constituents of senna, we have the following results:—The chrysoretin, in doses of from thirty to forty-five grains, remained without effect; the brown resin, in doses of from fifteen to eighty grains did not operate upon the bowels, but merely caused nausea, and, in larger doses, vomiting. In large doses of sixty grains it appeared to operate as a diuretic, and could be detected after a short time in the urine, in consequence of the color which it assumes on the addition of potash. The so called cathartin, in doses of two and a half to three drachms, caused only nausea and disagreeable eructation, without operating upon the bowels.

These experiments tend to show that the individual constituents extracted by spirit of wine from the senna leaves, as well as their aggregate, do not purge. The authors, however, doubt the statement of Heerlein, that spirit of wine only extracts from the leaves macerated in it inert substances, and none of the active principle. The final result to which they are led by their examinations is, that odor, taste, relation to chemical agents, and medicinal powers of senna depend chiefly on the co-operation of the extractive matter and the resin, and only in a subordinate degree on the pectin, the pectates, and the other salts of the leaves. No share in the activity can be ascribed to the volatile oil, as no appreciable quantity of it can be procured.

[*Pharmaceut. Cen. Blatt.* and *The Druggist.*

THE ACTION AND USES OF DIGITALINE.

MM. Homolle and Quevenne have stated, as the result of their experience, that in doses of one seventy-fifth of a grain, given three times a day, this substance acts as a diuretic in general dropsy, and with great speed and efficacy in reducing the effusion; and that it is not rendered more certain by any material increase of the dose. They further found that, in about double this dose, and sometimes in the same dose, it reduces greatly the frequency of the heart's action; and that the dose can not reach the one-twelfth of a grain without producing nausea and symptoms of incipient poisoning. Dr. Christison, in the *Monthly Journal of Medical Science* Jan., 1855, gives us the result of his experience of its use. He believes it to be an energetic diuretic and sedative. His first two trials of it were made in cases of extensive renal anasarca. In one case, diuresis commenced towards the close of the second day, and in the other a day later; in both the flow was profuse, and the œdema entirely disappeared. He commends strongly the use of such diuretics as digitalis, squill, and bitartrate of potash, in renal dropsy. He has not found them, except in one instance, increase the albumen in the urine; and believes they have been shunned on grounds purely theoretical and baseless. It is the same with digitaline. In the first of the two patients, the albumen quickly and greatly diminished; in both it disappeared at last, but in one, after some days, reappeared, but in diminished proportion. In one instance, great depression of the heart's action was brought on, instead of a flow of urine. He thinks it very likely that diuretic and sedative actions do not concur. He gives it in the doses recommended by Homolle and Quevenne.

[*Association Med. Journal.*]

TREATMENT OF VARICOSE VEINS BY BLISTERING.

According to the *Lancet* for July, palliative treatment is usually resorted to at St. Mary's Hospital, in cases of varicose veins. The radical treatment usually preferred consists

“In the application of pins or needles beneath the vein, laying a piece of bougie over it, and then applying the twisted suture around the pin and over the bougie. Failure by this method is comparatively rare. Latterly, Mr. URE has treated several cases of varix successfully by repeated blistering over the veins, the result being consolidation and consequent obliteration. A radical cure is, therefore, effected as completely as when the needles have been employed.”

IODIDE OF SODIUM.

From the same authority we learn that Dr. ALEXANDER URE, recommends the substitution of Iodide of Sodium for the Iodide of Potassium. He asserts that “Iodide of sodium is a blander salt, more

assimilable, and better borne by the stomach than iodide of potassium, and much less prone to produce iodic disturbance," while, as a therapeutic agent, it is as efficient as the iodide of potassium. DOSE: Four to six grains, twice or thrice daily, dissolved in plenty of liquid.

WHOOPIING COUGH.

We notice in the *Semi-Monthly News*, that a letter from HARVEY A. HALL, Surgeon Accoucheur to the Royal Pimlico Dispensary, states that the writer has seen marked and speedy benefit from the application of one or more blisters, from the size of a crown piece and upwards, according to the age of the child, to the back of the neck, as high up as possible in the hollow between the insertion of the extensor muscles, and encroaching a little upon the scalp. The blister should be removed after four or five hours and a warm linseed meal poultice applied. The effect of this mode of treatment is to lessen the convulsive character of the cough within twenty-four hours, sometimes to suppress its spasmodic character entirely. The more convulsive the cough, the more marked the effect of the blister; but in bad cases it is necessary to repeat the blister when the first has healed.

Mr. HALL says

"He has now treated a considerable number of cases on this plan, and in only one instance has the blister failed to produce a decided benefit; but in this case, on a second blister having been applied, the mother reported at her next visit that the child had been very much better ever since."

His constitutional treatment is simple.

CONDY'S FLUID IN ULCERATED SURFACES.

This fluid, "which is prepared by dissolving half drachm of permanganate of potash in a pint of water," has been applied in the hospitals, as stated by the reporter of the *Lancet*, with advantage

"In cases of burns, large ulcers, and suppurating surfaces arising from any cause, especially where the secretions are not only copious, but at the same time offensive. This fluid prevents any fœtor arising from suppuration. It was employed in cases of cancer of the breast, from which there had been a very foul discharge; also, with apparent benefit, in obstinate ulcers of the legs."

STOMATITIS MATERNI.

Dr. DAVID PRINCE, of Jacksonville, Illinois, writes to the editor of the *Chicago Medical Journal*, July, 1859, that

"Nursing sore mouth is endemic in and around Jacksonville; that the treatment in this region has come to be a settled and sure thing. It is very

rarely the case that a nursing mother is required to wean her child on account of this affection, unless it has become obstinate by neglect, and the general health reduced by its irritation and the attendant inability to take nourishment.

"The favorite remedy is iodide of iron. The liquor ferri iodide of the U. S. D. is combined with an equal quantity of compound Syrup of Sarsaparilla, for the more agreeable taste, and of this a common sized tea-spoonful is directed to be taken three times a day. In nine cases out of ten this cures, whether before or after delivery." * * * * * "The next remedy in favor is the chlorate of potash. A saturated solution is used both as a local application and an internal remedy. A tablespoonful of the solution may be held in the mouth for a few seconds and then swallowed, or if only a local application is intended, it can be thrown out of the mouth. This may be done from three to twelve times a day. The two remedies may be used singly or in combination."

PURITY OF OPIUM.

When physicians prescribe opium or its preparations, can they foretell with certainty the effects of the medicine? In other words, is it possible to estimate with precision the purity and strength of opium? An important and highly practical question, which a Parisian chemist, Mr. BERTHE, inquires into and answers in the negative in various Memoirs presented to the Academy of Medicine.

In order that the estimation referred to should be practicable, the merchants should be in a position to supply invariably samples of uniform strength. Now nothing can possibly be more variable than the composition of this substance, and in order to prove this assertion, Mr. BERTHE describes a series of researches instituted by himself on the subject.

160 cakes of Smyrna opium were weighed and found equivalent to 35 kilogrammes (92 lbs.). From each cake 5 grammes (80 grs.) were abstracted, and the 160 fragments were manipulated into one homogeneous mass of the weight of 800 grammes (about 2 lbs.). This mass, representing exactly the mean composition of the 160 cakes, was analysed and yielded 81.4 grammes per cent. of pure morphia.

On the other hand, twelve pieces of opium were taken at random among 160 cakes, and were separately examined. These opiums designated by numbers were found to contain:

Opium No.		per cent. of morphia.
1,	6	
" 2,	7.10	" "
" 3,	9.05	" "
" 4,	6.10	" "
" 5,	9.15	" "
" 6,	5.15	" "
" 7,	8.25	" "
" 8,	6.50	" "
" 9,	6.25	" "
" 10,	9.50	" "
" 11,	8.75	" "
" 12,	9.25	" "

Thus, an opium of excellent quality, yielding on an average 8 1-4 per cent. of morphia, is constituted by the kneading together of cakes of course, destined to be sold as they were, for the most part separately, and varying from each other as much as 45 per cent. with regard to their alkaloid contents.

From this fact, Mr. BERTHE concludes that in medical practice opium should be replaced by its alkaloids, and among which he prefers codeia.

It is, however, but fair to add that the estimation of the strength of opium does not appear to all chemists so impossible a task as represented by Mr. BERTHE. Thus, since this gentleman's communications, the Academy has received a letter from Mr. AUBERGER, of Clermont-Ferrand, who states that, having made inquiries into the production of opium into the Levant, he can procure without difficulty opium warranted to contain 10 per cent. of morphine. The only condition requisite for the purpose of obtaining samples of equal strength, is when French opium is deficient, to procure the drug in the Levant before it has undergone adulteration. Mr. AUBERGIER, founding himself upon his information, and upon sixteen years experience of the business, undertakes to furnish the trade with opium warranted to contain 10 per cent. of morphia, and always of unvarying strength.

[*Champonniere's Journal*, from *The Druggist*.]

HYDROPHONE.

At a late meeting of the Academy of Medicine, Paris, a report was made on the use of the stethoscope, in which the advantages of the various instruments were discussed. Among others were mentioned those invented by our distinguished fellow-citizen, Dr. CAMMANN, and by Dr. MARSH, of Cincinnati. A new medium, called by the inventor (Dr. SCOTT ALISON, of the Consumptive Hospital, London) a *Hydrophone*, was also mentioned. This is a small, thin india-rubber ball, filled with water, which is placed on the part to be auscultated; the ear is then directly applied over the ball, or it is covered by the inferior outlet of a stethoscope. By means of this, normal and abnormal sounds are transmitted to the ear with greater distinctness.

NEW METHOD OF RELIEVING RETENTION OF URINE.

Mr. LANGSTON PARKER, Surgeon to the Royal Hospital, Birmingham, proposes a new method of relieving retention of urine, when it is not possible to pass the catheter in the ordinary manner. To the end of a small flexible bougie is accurately fitted a piece of potassa fusa, pointed, and the flexible material moulded around it, leaving only the point exposed; the instrument is then passed rapidly down to the point of obstruction, where

pressure is kept up for a few moments, after which the obstruction will give way, the instrument pass and the patient be relieved. It will be well to direct the patient to make an effort to pass water while the surgeon withdraws the bougie.

SCURVY OF THE GUMS TREATED BY NIT. ARGENT.

Dr. FARIS, of Marlborough, Tennessee in a communication to the editors of the *Nashville Journal of Medicine and Surgery*, states:

"In the course of last year I have cured upwards of one hundred cases of scurvy by a solution of nitras argenti. Canterizing the gums once or twice effectually cures. I have never heard or read of this practice; it originated with myself. The analogical mode of reasoning is the only true mode, and this satisfied me that if other sore surfaces could be cured by the nitrate, the gums could."

A rational conclusion; as the remedy, has been used in the west for years, not perhaps as a specific, but as an adjuvant in cases of scorbutic gums.

NEWS ITEMS.

The so-called Persian, but properly termed Caucasian insect-powder, has long been known to the Trans-Caucasian populations, under the name of "Guirila." In that paradise of vermin it is an article of a very considerable commerce, and is not only carried inland through Russia in large quantities, but is also exported to Germany and France. A large depot exists at Vienna. It is a coarsely ground powder of a green color, and penetrating odor, formed of the flowers of the *pyrethum carneum*, and *roseum*, which grow in the Trans-Caucasus at a height of 5000 or 6000 feet. This powder possesses the peculiarity of rapidly stupifying the insects, which soon afterwards die. Strown about the room or the bed, it proves a poison to fleas, lice, flies, &c. In the military hospitals in hot countries it is an invaluable preventive of the formation of maggots in wounds, and the more so inasmuch as its use is attended with no disadvantage, unless employed in large quantities in closed bed-rooms, when it may give rise to confusion in the head, such as is produced by flowers or new hay. It has been long used as a means of preserving insects; and can not be strongly recommended to those who have the care of herbarian and other natural history collections, liable to the depredations of insects. Unfortunately the demand for the powder has been so great of late as to lead to its adulteration by the addition of the stalks and leaves of the plants to the flowers, and to the mixing of the new with stale powder. As a general rule, the powder purchasable in Germany is very different from the Asiatic in color, smell, and efficiency. — *Buchner's Report*.

In Japan, the physicians have no system of medicine, and are guided only by their experience. Many use shells and exorcisms; and most of them become rich. Many plants are held in great medicinal esteem, and some roots, chief among these the ginseng, are brought to Japan by the Chinese and Dutch. Among the medicines which are prescribed, the acids

and salts predominate. When they are well, the Japanese drink water only when it is hot; when they are sick, they are ordered to drink as much cold water as they like, and they drink a great deal. A common, and one of the most terrible diseases in Japan, is the Senki, a kind of colic, which is usually treated with bloodletting in the lower part of the body by means of a needle. Great stress is laid on the making of those needles. They must be of gold or silver, without alloy, and must have a high polish and a very fine point. Nobody is allowed to make them without a patent from the Emperor. This manner of bloodletting is also used, by those who can afford it, in cholera.

The poorer classes use a bitter powder, a principal ingredient of which is the costus, a plant brought by the Dutch from Surat. The discoverer of this powder became so rich by its sale that his heirs have built three temples in Yeddo, to express their gratitude to God for it. Opposite these temples are three shops, where they prepare and sell the powder.

Yeddo has lately lost 150,000 people by cholera.

There are 17 licensed physicians in Valparaiso. Of these 5 are Englishmen; 2, Frenchmen; 2, German; 1, North American; 3, Chilians; 1 Spaniard; and two others whose nationality I am ignorant of. The oldest of these is Dr. Cox, whose diploma dates from 1813.

Foreign physicians coming here, have to render an examination before the Medical Board in the Capital. This examination is conducted in Spanish exclusively. Without passing it, no one can practice in any part of the Republic, where any licensed physician resides without his consent; although, in towns where there is no doctor, a new comer unexamined, may practice unhindered, provided he show proof that he has been admitted somewhere else.

Law is the most popular of all professions. The foolish old Roman idea exerts an influence against young men entering the medical profession, as if it were not full caste.

There are ten druggists. No man can be a druggist and practicing physician at the same time. No man can own more than one drug shop. Of the ten, five are Chilians, and five are Germans.

There is now going up in Twenty-third street, near Sixth avenue, New York, a splendid edifice for the "College of Veterinary Surgeons," which is to cost about \$40,000.

Pharmaceutical Department.

New Chalybeates.

A dispute has recently arisen in Boston, between two prominent Pharmacutists, concerning the relative merits of a new chalybeate syrup, which is made by each, and sold under the title of "Unchangeable Solution of Protoxide of Iron," but which, as made by Mr. CARNEY differs in appearance from that made by Mr. NICKOLS. A friend of the latter gentleman having called in question, in the pages of the *Boston Medical and Surgical Journal*, the honor and integrity of the former, he (Mr. CARNEY) has published analyses of both preparations, from which it appears that both are solutions of proto-carbonate of iron in acetic or citric acid, rendered syrupy by means of sugar.

There is no novelty in these preparations, and we can not see their therapeutical value to be as great as that would be arising from the use of the proto-carbonate of iron itself, in the usual form of VALLET'S mass, or pills. It is true that VALLET'S mass is inconvenient, but DANNECY has recently proposed its solution, by a simple and ready means—that is, in simple syrup; it being found that when in a nascent state it dissolves slowly and unchanged in this vehicle.

We do not know of any chalybeate less objectionable, and more prompt and more efficient, than the proto-carbonate; and when this is dissolved, it certainly forms an acceptable, as well as convenient, form of medicament.

In the last Volume of our *Journal*, we printed the process of DANNECY for preparing this syrup; and now here again insert it:

Dannecy's Syrup Proto - Carbonate of Iron.

Take of purified protosulphate of iron, two ounces; distilled water, sixteen ounces; white sugar, two ounces; dissolve with ebullition, and filter. Secondly, take of crystallized carbonate of soda, two and a half ounces; distilled water, sixteen ounces; white sugar, two ounces; dissolve with ebullition, and filter. When the two solutions have cooled, mix them in a glass vessel and shake for a moment; a precipitate is formed, which is at first white, but soon becomes a greenish-gray color, preserving this shade. Allow this precipitate to collect during twenty-four hours; decant.

Afterwards take a solution of sugar in the following proportions: white sugar, two and a half ounces; distilled water, ten ounces; dissolve with ebullition and filter. Add the precipitate to this saccharine fluid when cold; set it aside to rest; decant. Repeat this process once more, in order to remove the sulphate of soda resulting from the double decomposition. This washing ought to be accomplished as quickly as possible to prevent the unnecessary solution of the ferrugineous precipitate. Subsequently, agitate this precipitate from time to time in a fresh portion of saccharine solution (water, ten ounces; sugar, two and a half ounces). It will dissolve in the course of some days. Lastly, take of white sugar thirty-eight and a half ounces; distilled water, nineteen ounces; add the saccharine ferruginous solution, and boil to specific gravity 1.262, at the temperature of ebullition; flavor with tincture of lemon or orange. The product will be sixty-four ounces of almost colorless and perfectly clear syrup of proto-carbonate of iron, containing 9.90 per cent. of oxide of iron.

Though this is not as strong a solution of iron as are those under the title of "Unchangeable Solution of Protoxide of Iron," yet, we doubt not, it would prove, judging from its constituents, far more valuable in use. In the rage for novel remedies, the tried value of some old one, is oftentimes only masked or covered up by some far-fetched addition, which injures rather than enhances its real value. For this reason, we should think that the addition of acids to proto-carbonate of iron, in order to form a solution, is far more objectionable than to dissolve the same in simple syrup. We believe acids to be considered objectionable in tonics and alteratives—at least more so than is syrup; and we conclude that the *unchangeable Boston solutions* must be acid—at least containing free acid, masked only by the syrup; that is, if the citric and acetic acid act as solvents only; if they do not, but are neutralized (*i. e.* decomposed) by the proto-carbonate of iron, how can they be called solutions of *protoxide* of iron?

F. S.

E. S. Wayne on Catawba Brandy.

MR. WAYNE, in a notice (for the *The Druggist*) of Mr. ZIMMERMAN's remarks on Catawba Brandy, which we alluded to editorially in our last No., says:

I have seen and examined many specimens of this marc brandy, and, as a general thing, unless very much reduced with proof spirit, the amount of fusel oil that it contained, or held in solution, was so great that upon the addition of water to it, a milky mixture was the result; the addition of the water reducing the solvent property of the alcoholic solvent, and causing the oil to separate.

The process mentioned by Mr. ZIMMERMAN is that used generally by those who manufacture Catawba brandy in the vicinity of Cincinnati, which, after it passes from the hands of the manufacturer (unless he has previously made the addition), to those of the liquor dealer, undergoes the dilution of whisky at their hands; without which the spirit is so rank and nauseous with grape fusel oil, that it is not saleable unless thus reduced.

Brandy, as I understand it, should be a spirit distilled from wine; and such is the spirit intended to be when brandy is to be used, either pharmaceutically or medicinally, and is quite another spirit as far as its flavor properties, etc., are concerned, from that of grape marc brandy, and contains but little, if any, of grape fusel oil. Mr. Zimmerman seems to think that the flavor or bouquet of wine depends upon this oil, but in this I think he is in error. Every kind of wine has a distinctive flavor or bouquet, which characterizes the brandy made from it, and which is not a fusel or grape oil, but a peculiar acid and alkaline principle, whose compound produces the bouquet, and is not an amyle or ethyle compound. To this point, as confirmation, I would refer, both him and the reader, to Winkler's experiments upon the bouquet of wines, which fully substantiates my position.

Respecting French brandies, I have no doubt that most of the low priced, rank and high flavored brandies, are made after the method described by Mr. Zimmerman, which, like the Catawba marc brandy, to make them saleable, must be reduced by the addition of pure spirits, and are known by the trade as mixing brandies, and are no more fit for medical and other uses than the other.

In France, there is made from the grape, three spirituous liquors; the first, Eau de Vie (brandy), distilled from wine; second Eau de Vie de Marc (marc brandy), distilled from the grape marc; and third, Eau de lie (lee brandy), distilled from wine lees; each of which has a very different trade value, and are not indiscriminately sold as Eau de Vie (brandy).

True Catawba brandy, made from wine, is a rarity even in Cincinnati, and made more as a curiosity than for sale. The wine is too high priced, and in too great demand, to distill it, unless it has accidentally soured. As it would require about five gallons of wine to make one of proof brandy, which allowing a low value for the wine (\$1.25 per gallon), would cost \$6.25 per gallon, together with the cost of manufacturing, would much exceed the value of good French brandy. The sour wine mentioned does not make a good brandy; contains too much acetic ether.

Besides the grape marc Catawba brandy there is to be found in our market what is called Catawba brandy, which has never had the slightest acquaintance with the grape; merely whisky flavored and colored, and not even an attempt made to imitate the flavor of the other, quantities of which have been bottled, labeled, and shipped East, and been analysed by chemists both in New York and Boston, who have given their certificates, indorsing the same as pure brandy, obtained from Catawba wines, etc., etc.; fully illustrating Mr. Edwin Parrish's remarks upon use of silver in analysis.

In conclusion, I would say, that from reasons above given respecting the medicinal and other uses of Catawba marc brandy as made by Mr. Zimmerman, I can not indorse them; which, had it been possible for me to have done, being a home product, would have given me much gratification.

Arnica Montana.

The therapeutical properties of the *Leopard's bane* is made the subject of an article in the *College Journal* by Dr. T. C. MILLER, and we abstract as follows the observations he has made with it in his own practice. He says:

I have been accustomed to use it for twenty-eight years. In nervous fevers characterized by torpor, this remedy is very valuable to rouse the sinking energy of the nerves, particularly the nerves of the abdominal viscera, while at the same time it increases the contractile power of the muscular fibres, and especially the fibres of the unstriated muscles of the walls of tubes and ducts. It is a very valuable remedy in enteric fever, and where there is colliquative hemorrhages, passive sweatings, and exanthemata of the abdomen. It will not take the place of valerian, quinia, camphor, or the acids, for its action on the system is unlike that of either and all of these. These four great remedies have each its own distinctive influence, and each is a valuable aid to the others, when needed.

In inflammations combined with torpidity, as in typhoid pneumonia, in inflammation of the brain and its coverings, in gangrene, and other similar affections, it requires oftentimes, camphor, quinia, and perhaps opium, to be given in conjunction with it.

In obstinate maltreated intermittents, with torpidity of the abdominal viscera, and engorgement and enlargement of the spleen and liver, and perhaps abdominal dropsy, and in the so-called typhoid cholera, arnica is great value. My brother, LEWIS E. MILLER, uses it in conjunction with ether in those cases.

In old, atonic gout and rheumatism, especially locally applied, it always is of value. In dysentery, where the disease is complicated with torpidity of the bowels, or constipation, exhaustion, or colliquative dysentery, it is peculiarly indicated. In these cases I consider the root preferable to the flowers.

In passive hæmorrhage, of a scorbutic character; in discharges from the respiratory or the reproductive organs; in bloody or serous extravasations caused by contusions and hurts, it is the main remedy I depend upon. It is also very valuable in atonic dropsies.

The external use of the flowers, in tincture or infusion, is the best agent I have tried in acute hydrocephalus.

In paralysis, particularly where the paralysis has been caused by mechanical influence upon the brain or spinal marrow, but the nerve structure remains intact—not by congestion or softening of the nerve structure—and in the commencement of amaurosis, it has always proved of utility. THEILMANN, in treating amaurosis, made use of an infusion of three drachms of the flowers to eight ounces of water, and gave a large spoonful at a dose, once in three hours.

In enlargement, torpidity, or engorgement of any of the abdominal viscera; and also in suppression of the menstrual, lochial, or hemorrhoidal discharges in consequence of torpidity, its use is of great value. LEIDBECK speaks very favorably of it in varicose veins of pregnant women. I have derived great benefit from it in such cases.

Alcoholic Extract of Mezereum.

By treating with alcohol the fresh bark of *Daphne mezereum*, a dark green extract is obtained, of a burning acrid, bitter, and at the same time sweetish, taste. Water extracts from it a brown red fluid, consisting mainly of sugar, daphnin, malate of potassa, salts of lime, and magnesia, but still retaining some acrid taste. By dissolving the residual green resinous matter in some alcohol, so that it

becomes of the consistence of honey, by evaporation in the air, a strong preparation is formed, possessing the rubefacient property in a high degree, and which may be used as a salve or spread upon silk or other material.

By treating such an alcoholic resinous solution with an alcoholic solution of potassa, a milky green fluid is formed upon the addition of water, and on adding to this dilute hydrochloric acid, light green flocculi precipitate, perfectly soluble in alcohol when washed, and possessing the same acrimony. This shows that the resinous matter particularly possesses the rubefacient property, and that it is not destroyed by the process of saponification.

[Wittstein's *Vierteljahresschrift*, from *The Druggist*.

Syrup of Coffee for Whooping Cough.

When whooping cough has resisted the agents most ordinarily used, the following syrup, which is the formula given by M. DELAHAYE, slightly modified, will be used with full success. We have experimented very often, says Dr. COURBASSIER, in the localities where whooping cough appears each year with an epidemic character, and it has rarely failed us. Here is the mode of its preparation:

Take eight ounces of Mocha or Martinique coffee, slightly browned, in powder; treat by displacement with boiling water, so as to obtain sixteen ounces of infusion.

Dissolve in this liquid, alcoholic extract of belladonna, alcoholic extract of ipecac, of each 311-4; alcoholic extract of cinchona gr. xxxvj; add sugar ℥xvj. Digest on a water bath, and filter.

The dose for children of three or four years is a tablespoonful repeated three times a day. Under this age, the dose should be reduced one half. [*Revue de Thérapeutique*, from *The Druggist*.

Aromatic Spirits of Ammonia.

In the discussions attending the coming revision of the British Pharmacopoeia, a formula for *Spiritus Ammoniae Aromaticus*, is proposed, which promises to do away with the tedious necessity of distilling ammonia with aromatics, and at the same time make a preparation which will both remain clear and possess a fine aromatic flavor. The following is the formula:

R.	Rectified Spirits	.	.	.	Oj.	℥ xiv.
	Sesquicarbonate of Ammonia (powd.)	.	.	.	℥	ss.
	Solution of Ammonia (sp. g. 880)	.	.	.	℥	ij.
	Oil Lemon	.	.	.	℥	ij.
	Oil Nutmeg	.	.	.	℥	j.
	Oil Lavender (or Rosemary)	.	.	.	min.	xx.
	Water, q. s. to make				Oij.	

Liniment of Ammonia.

A writer in the *London Pharmaceutical Journal* suggests that almond oil be used to substitute olive oil in the preparation of volatile liniment, as it never becomes thick or ropy, thus preventing its being poured from the bottle.

Wine of Iron.

The same writer thinks that, in order to prepare this wine of uniform strength, that the ammonia-tartrate, or, better yet, the ammonia-citrate of iron should be used, rather than trust to the variable acidity of wine.

Carbonate of Ammonia in Measles

Dr. S. N. PIERCE, of Cedar Falls, Iowa, in a communication to the *Boston Medical and Surgical Journal*, says he has used Carbonate of Ammonia with complete success in Measles. He states:

For about two months past, this disease has prevailed quite extensively in this vicinity, and in a very severe form. In nearly every case that I have been called upon to attend, I have prescribed the carbonate of ammonia, and in every case where this has been given, the disease has come to a speedy and favorable termination. The medicine should always be given early in the disease, before the eruption appears; or if not, immediately upon its making its appearance.

My usual prescription is: R. Ammoniæ carb., \mathfrak{z} i.; aquæ camph., \mathfrak{z} iss. M. Dose, a teaspoonful three times a day, varying the dose according to the age of the patient and other circumstances.

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ART. XXVI.—Critical Notice: “The Vegetable Parasites of the
Human Skin,” by Jabez Hogg.*

By V. Translated by O. D. PALMER, Zelienople, Pa.

THE first researches on Vegetable Parasites, in general, are due to BASSI, of Milan. He discovered, some twenty years since, the vegetable character of a disease that produced great ravages among the silkworms. About the same time, SCHONLEIN discovered vegetables of the class *Cryptogamia*, order *Fungi*; the appearance and development of which accompanied certain diseases of the skin. Since that time, the observations of SCHONLEIN have been repeated and extended by a great number of authors, such as Messrs. REMAK, GRUBY, LANGENBECK, ROBIN, HUGHS, BENNETT, KUCHENMEISTER, BAZIN, JENNER, GALL, and many others.

Do the cryptogamic productions of the skin play the part of determining cause, or are they not merely accidental

* From *Gazette Hebdomadaire de Médecine et de Chirurgie*, July, 1859.

epi-phenomena of the affections denominated parasitic? This is the question propounded by JABEZ HOGG, and which he seeks to investigate. Each side of the question has grave authority to sustain it. Dr. BENNETT maintains that these vegetable formations are secondary, and are only found on animals previously diseased. Drs. ROBIN, GALL, JENNER, BAZIN, and others, on the other side, affirm that the parasite is the sole cause of the disease. Dr. JABEZ HOGG inclines to the opinion of BENNETT; and here follows an epitome of the arguments on which he is supported:

1st. The vegetables of the order *Fungus* invariably derive their nutritive elements from matter, the vitality of which is diminished, and in the way of being decomposed, or already partly decomposed.

2d. These vegetables have nothing characteristic, for they have been observed in almost every species of chronic disease of the skin. Thus, in twenty cases of *Leprosy* and *Psoriasis*, evident traces of vegetables were found in ten. The same production was noticed, in two out of three cases of *Lichin*, four times out of six cases of *Eczema*, in one case of *Icthyosis*, and in one of *Spilus*. None of these cases passed for being caused by *fungi*, according to JABEZ HOGG.

3d. Other observers have not been able to find *fungi* in the diseases that have been attributed to their development; and Dr. HOGG cites in support of this allegation—and as competent authority, MALHERLE, CAZENANE, and WILSON.

Among the diseases passed in review by Dr. HOGG, *Favies* is found in the first rank; but the singularity of the matter is, that in a goodly number of cutaneous affections, he has encountered not one single case of this disease; which, it is true, is very rare in England.

The preceding considerations induce the author to conclude that there does not exist parasites characteristic of

such and such diseases, and constituting their determining cause. He adds to the proofs he has given, that the inoculation tried by REMAK and others, repeatedly, on sound individuals, always failed, and that cutaneous diseases are rarely, if they are ever, cured by the destruction of the parasites; whilst they may be remedied by the suitable administration of alteratives and tonics, such as are susceptible of correcting the dycrasia of the blood, the true source of the disease.

The memoir of Dr. HOGG, of which we have given but a very concise summary, is quite extended. It has required very considerable research, and therefore deserves to be held in consideration. Notwithstanding, it is very easy to be convinced, in reading it, that the author is not perfectly posted in the science appertaining to this subject. Many of the arguments employed by him are valueless.

It were necessary, in order that we should comprehend the results at which he arrives, by an examination of many cutaneous affections, that he should have specified well, *Lichen*, *Eczema*, etc., instead of assuming, as Dr. BAZIN has done, that certain varieties of these eruptions, ought to enter into the group of parasitic affections.

No one will dispute but there may be conditions of the soil that favor the development of the cryptogamia. Without this, it would be very difficult to explain why the *Acarion Schôneinii*, or *Fungus of the favus*, vegetates, in preference, on the hairy scalp of infants; why the *Trichophyton tonsurans* should occupy, by predilection, the same seat in children, and the parts of the face covered by the beard in man. (*Mentagra*). But we must not attribute to these conditions of the soil more importance than they deserve, whilst they exert only a predisposing influence.

Dr. HOGG still invokes, in favor of his opinion, facts that can lend him no aid. He cites the experiments of REMAK, and says the inoculations tried by him did not

succeed. Now, the inoculation, or rather transplantation, practiced by REMAK on himself, did succeed perfectly. BAZIN, moreover, has been successful not only in inoculating the *favus*, but also the *Trichophyton tonsurans*.

Finally, Dr. HOGG contends that the destruction of the parasite but rarely cures the cutaneous affections called parasitic, if indeed it ever cures them. And, further, according to him, these affections may be cured, by a system of medication, directed solely against the dyscrasia that causes the disease.

In order to express as exactly as possible the truth on these two points, we must take the counterpart of Dr. HOGG's propositions. The beautiful experiments of Dr. BAZIN have established irrefutably—and this is one of the greatest progresses in pathology in modern times—that the radical destruction of parasites, such as is made by epilation, is the sole efficacious means of treating parasitic affections having a vegetable cause.

Of all the arguments of Dr. HOGG, there remains only one sole assertion—*i. e.* That fungi have been found in many diseases, not hitherto ascribed to cryptogamic productions as a cause. We have already made reservations in regard to certain facts. As to others, what do they prove? We should not, in any manner, be surprised if there should be found spores, after an assiduous search, in the products of various eruptions. But how can any comparison be established between these cases and those where the *spores*, either alone, or accompanied by *sporidies* and by *mycelium*, are in considerable quantity, and have penetrated to the midst of all the elements they enter. It is enough to examine, by the aid of a microscope, a small portion of a cell in *Favus*, a hair torn from a part affected with *Mentagra*, a parcel of the scales in *Pityriasis versicolor*, to be convinced of the importance exerted by the *Cryptogamia* in these

affections—importance demonstrated in a manner altogether peremptory, by the effects of the parasiticide treatment.

This new war, very benign to be sure, against the conquests of the microscope, in the field of cutaneous pathology, will have no better success than the others. Whatever may be said to the contrary, the microscope, in all these affections, has rendered an immense service. It has thrown light upon these affections, previously so little understood. It has led Dr. BAZIN to establish a rational and methodical treatment for them, and to substitute for the secret remedies vaunted by the successors of the MAHANS, a more simple and efficacious medication. The argument appearing most in fashion at present, consists in saying that the parasitic diseases were cured before these new researches were made. We will say nothing of the *Itch*, but as regards the cutaneous affections produced by the *cryptogamia*, they were not cured certainly but in a very small minority of cases. This is proved by the physicians sending their patients to the brothers MAHAN, in despair of healing them by their own means; proclaiming thereby their proper inability. I speak here of the *Plica* only. The *Mentagra* may rightfully pass, in certain cases, as altogether incurable; and the *Itch* itself, although the method of general friction had been employed, we were so little instructed in its effects previous to the investigations of Dr. BAZIN, that we daily resorted to some new mode of medication, either externally or internally. Now, it is the microscope, that has brought us to understand the utility of general frictions; and since that time this method is nearly the only one put in requisition. It is to the microscope that we are indebted for the disembarassment of that incessant and deplorable *hatching-out*, still-born therapeutic means of cure. This most precious instrument has taught us *why* the epilation and the parasiticide lotions, general frictions, and parasite-destroying unctions, heal the cutaneous eruptions caused by parasites.

If we call medicine an Art, it is a Science also. To know how to cure a disease is evidently the supreme aim of the Art. To know the *wherefore* of the curing of this disease is almost the last words of Science.

ART. XXVII.—Carbonic Acid Gas as a Local Anæsthetic Agent.

By H. O. HITCHCOCK, M. D.

THE following cases were treated in Bellevue Hospital. I am induced to report them, hoping that more experiments may be instituted, and more facts brought forward, bearing upon this subject.

CASE I.—Margaret M. was suffering from an ulcer, granular, red, and tender to the touch, upon and within the cervix uteri. During the course of treatment she frequently suffered from severe pain in the back and down the thighs.

Various remedies were tried, topical as well as general—opiate, and other sedative suppositories—but with no, or but temporary, relief to the pain. As a last resort, and as an experiment, carbonic acid gas was applied to the vagina and neck of the uterus. It was administered with rather imperfect apparatus, but with such complete relief to pain as to induce us to resort to its use again. Within five or ten minutes from the commencement of its application, the patient assured us that she began to experience relief. The gas was applied for fifteen or twenty minutes with almost complete relief of all her pain; and she had no more pain of consequence for four or five days.

This treatment was resorted to in this case four or five times, and in every instance with the best result.

On one occasion, I examined the ulcer before the application, and found it red and granular, like a ripe strawberry, and very sensitive. After the application, it was much

smoother, and the ulcer and the whole mucous membrane were of a paler color than before.

This patient repeatedly assured me that, after the application of the gas, she was almost entirely free from pain for a full week. At any rate she did not complain; which is pretty good evidence that her testimony of its effects was true.

CASE II.—A woman, aged twenty, married but without children, was suffering from acute suppression from exposure to cold and wet on the second day of menstruation. Pain in back, loins, and abdomen, were intense; pulse 120, sharp and quick. She sometimes had paroxysms of pain very severe, in one of which she seemed near dying. Soon after her admission, carbonic acid gas was applied to the vagina and cervix, with speedy and complete relief to her pain, which continued for two or three days. The gas was applied in this case two or three times—always with the same result. The patient, under accompanying treatment, soon recovered, and was discharged.

CASE III.—A young woman, aged nineteen, married, was suffering almost precisely as the last case, and from the same cause. When admitted, she complained of very great pain, and extreme tenderness extending over the whole abdomen—the slightest pressure causing intense pain. The vagina was hot and dry; the cervix uteri hard, swollen, immovable, and very tender to the touch. The tongue was heavily coated, bowels had been constipated for a week, and the abdomen was considerably tympanitic. She had repeatedly had green vomiting before coming to the Hospital. Decubitus was at first dorsal, with legs drawn up—afterwards lateral. Face red and anxious; skin hot and dry; pulse 130, sharp, quick, and small.

Twenty-five leeches were applied to the hypo-gastrium, and carbonic acid gas to the vagina and cervix uteri.

The gas was applied about four o'clock P. M. In ten

minutes after the patient said she began to experience relief. The application was continued thirty minutes, when there was complete relief of pain in the womb and thighs. This relief continued all night, and the patient slept much more than she had done before.

There was some relief of the tenderness of the abdomen, though not so much as we had hoped for.

The next day, and for three or four days after, the gas was applied] with the same entire relief of pain; and the patient soon left the Hospital, well.

For the purpose of local anæsthesia, carbonic acid may be generated from common chalk and hydrochloric acid, in an ordinary inhaling apparatus. If the application is to be made to the vagina and uterus, a simple rubber tube will connect the apparatus with the speculum, and the acid being added gradually, through the open tube in the top of the apparatus, the gas can be made as rapidly and abundantly as desirable. If it is wished to apply it to a painful blistered surface, or to an irritable or painful ulcer, the gas can be carried under a piece of oiled silk, or of gutta-percha tissue.

KALAMAZOO, September 2d, 1859.



ART. XXVIII.—A Setting Right—Not a Criticism.

By J. A. BROWN, M.D.

IT would seem, from an article possessing at least one merit, viz. that of being wordy, in the July No. of the PENINSULAR AND INDEPENDENT, entitled "*A Criticism Criticised*," that our plain, common-sense criticism, in a former No. of the same *Journal*, of "*A Case of Obstruction (not intussusception) of the Bowels, relieved by Copious Injections, after the Failure of other Means*," had very much

disturbed the equilibrium, if, indeed, he ever had any, of the author; and we somewhat fear the approach of eclampsia (commonly called fits), as, which is very evident, said criticism, in his estimation, as in the estimation of the intelligent readers of the *Journal*, seemed to take a rational view of the case as unmistakably indicated by the symptoms specified; and pointed out an equally rational, and almost the only, if not only, authorized treatment, thereby exposing his perhaps only professional blunder. The article in question, had he the requisite docility—imitating, instead of spurning our example—and “incubated” a little longer upon our criticism,—at least, long enough to have re-read his own in connection with it, which might have prevented much of his either unintentional (and we are disposed to be charitable), or malicious misrepresentation,—it is possible he might have brought forth something worthy the attention of a sensible critic, but, as it is, would be passed over in silence, were it not for these misrepresentations. Hence, in justice to ourselves, and in defense of the truth, it may not be improper, though reluctantly, to make a few plain, matter-of-fact statements, which, we trust, we shall not be called upon to repeat.

We exceedingly regret that a man of such calibre, and of such wide-world reputation as a physician and author, as he would have us think his references would seem to indicate, and to which he boastingly, and evidently with no small amount of self-complacency, invites our attention, should be so easily thrown off his balance, especially to such an extent as to indulge in the low ridicule, possibly natural to him before taking on himself professional honors, and literally to empty himself, as if by the action of a violent emetic, of so many undignified and unbecoming appellations with which his puerile production seems only to abound, by the criticism of an unpretending Western Doctor.

Now, let us inquire what this boasting reference to files

of *Rankin's Abstract*, *Braithwaite's Retrospect*, *The British and Foreign Medico-Chirurgical Review*, &c., in which he would have us think his name figures conspicuously, has to do with the subject of his criticism? And whether it does or not, is he vain enough to suppose that it would be any argument in favor of or against the correctness of his conclusion, or practice, in the case under consideration? If it has no relation to this subject, what then does it import? Well, really, we are too modest to express an opinion. But if it be a fact that our exasperated and aggrieved friend, as we fear the inference will be almost irresistible, is laboring under the very common, but by no means, dangerous malady, technically denominated hypertrophy of the bony expansion of the superior extremity of the spinal column, why, we are not to blame for it, any more than we are for his numerous blunders, and would beg to be excused from prescribing for him, as there is some reason to fear that it has already become chronic, and not likely to yield readily to the ordinary means any more than did the disease in question. By the by, a medical friend of mine, from Chicago, who is taking one or all of the above named periodicals, in conversation with us the other day, wished that the Doctor would have the kindness to specify the particular No. or Nos. in which those articles, thought by the editors of those works to be so wise and sensible, may be found, as they have entirely eluded his observation.

To us it is not at all strange that Dr. G., after searching carefully our "five pages," about which he makes so much ado, as if the very length troubled him, should have discovered no new idea (not being accustomed to communicate any), since nearly, or quite half of those "*five pages*" consist in quotations from his own pen. And as to the self-conceit, so apparent to him, we have nothing to say, except that, in our article, we were both modest and reserved, making no pretensions to a knowledge of the case, or ability

to prescribe, except from his own communication ; and we are obliged to confess, even at this late hour, after another "incubation upon it," of some two months more, and with all his profusion of words in his last display (for we can not call it a criticism), that, as yet, we have had no occasion to alter our opinion, his learned, though we apprehend, too late counsel, to the contrary notwithstanding, from whose superior wisdom and experience, he not only acknowledges no benefit, but does not seem to have profited any more than, if as much as, he did from our "*five pages*," not having mentioned a single suggestion from his sagacious lips, or even the fact of counsel at all.

The following is an illustration of Dr. G's ingenuity in an attempt at justification of himself in a palpable error :

"Now, for the information of our *amiable* friend, we would say, that we made that report as short as was consistent with a well understanding of the case, * * * our object being simply to add another case of intussusception, rectified by mechanical means from below, with the intent of urging an earlier resort to such means," &c.

From which, without being put to the necessity of seeing the case, we infer that, with this, it is to be expected we have, or may have, a good understanding of the case ; and it is upon this data, or such an understanding, that what we have said, or may hereafter say, is based, having nothing to do with any new diagnosis, new symptoms, or new treatment ; and certainly he ought not to complain that our understanding, from this data, happened to be more rational than his own, and our views of the case more consistent, as well as more in harmony with the teachings of standard authorities. And, as to his pretended object in writing, viz. "to add another case of intussusception with the intent of urging an earlier resort to mechanical pressure from below," what are we to believe, since the article criticised was profoundly silent as to all these, except the first, which was there given a different name ?

Now, the term intussusception did not appear in the original, and we have reason to believe, was not thought of until after the criticism—some fifteen months after the death of the patient; and then, as already intimated, only as a miserable invention, or difficultly hatched-up fabrication, intended only to deceive or mislead, and to serve as a loophole through which to creep and get out of his dilemma, or as a pretext or justification of himself in the use of the “copious enema” resorted to, with the entire omission of appropriate cathartics. Hence our criticism has just about as much relation to intussusception, or invagination of the intestine and its treatment, as it has to gonorrhœa in the guinea pig, and the sanction or condemnation of the use of the syringe in its treatment. We don’t know so well how it is in the East, but here in the West, it would be thought a strange thing for a man of sound mind, in answering a criticism of an article descriptive of a certain case, with the treatment adopted, to make out an entirely new and different diagnosis, with a corresponding change in, or alike new symptoms, and yet, our brother-critical, fifteen months after the fatal termination of the case, and several after giving us his description of it, says he believes after all (though without evidence, as is clear by the following:—“We could not diagnosticate intussusception even, for we lacked the evidence; but we did diagnosticate inflammation of that limited portion of the intestine called the cæcum, and predicted [‘diagnosticated is the word’] ebstruction”) that he had a case of intussusception to deal with”; adding that “the bowels were soft and painless”; while in his case of “obstruction” “they were painful and tympanitic,” the pulse was weak, soft, and 120 per minute, but, as first stated, only “quick.” Now, if such licenses as these are granted to authors, we have it yet to learn; and, once established, all criticism would be at an end, or at least vain and profitless. With what show of good intentions and purity of

motives does this quibbling and deception come, from one who has previously made the charge (falsely, however, as we shall hereafter show), and condemned the practice!

Now, for the relief of Dr. G., we will here state that we are not sure that any one else has taken the same view of the case that we have, though we are apprehensive that it is his fearfulness that they have that has thrown him into such a panic. Indeed, we hope, for his sake, that if our conclusions are incorrect, others will take a different and more favorable view of the case, and be able to assign the best of reasons for their opinions. It is the information we are after, and not the justification of ourself in an error.

If our inferences are wrong, from the premises given, or symptoms described, we would like to be informed, but have it yet to learn, even with all the additional light of his last voluminous article, in giving us a new diagnosis, new symptoms, new treatment, &c., and who, we think, if it were not too late, would like to make out a new prognosis also.

In our criticism, we aimed to be courteous and gentlemanly, fairly stating the case upon the only data given us (which he does not deny, yet with no just reason insinuates we were guilty of dishonesty), but of course taking a different view of it from what he did, which we supposed was perfectly admissible and a violation of no professional principle, while he, as if unrestrained by any rule of ethics, deals in little else but ridicule, which is seldom resorted to except when argument fails, and seemingly has but one object in view, viz. that of enhancing our insignificance and the exaltation of himself. His mode of allusion to us, although highly exceptionable to a correct taste, and which is as little heeded as the idle wind that sweeps over our vast prairies, is neither overlooked or misunderstood,—the plain English of it being that we are just the opposite of what these expressions imply, viz. unlearned, untalented,

&c., and but a pigmy ; as if nothing good or great could come out of Kankakee, or indeed any other place west of Frewsburg, N. Y. We make no hesitation in saying, that all this will be taken for its real value, or no more than it is worth, and we do not choose to degrade ourselves to the same level, as we might easily do if weak enough, by resorting to similar irony. Although unnatural and a little out of the ordinary course of things, yet any one might readily have inferred his proclivity to this highly censurable indiscretion and senseless manœuvering, from the precedent he has given us in his fancied case of "Obstruction."

Now, as we have already said, what we stated in our article was upon a case supposed to be, and described only as, ordinary obstruction ; and what we there said, we now reaffirm with emphasis, viz. *that in a case where an evacuation of the bowels was thought to be almost the only desideratum, solid opium was used for three or four days together, with little or nothing else ; and indeed nothing else in anything like sufficient quantities to produce catharsis ;* which language Dr. G. quotes, and then immediately, in endeavoring to falsify it, says : "On the *second* day, (not on the fourth), we said, the treatment was continued, the opium in diminished, the calomel in increased doses." (Did not we so quote him, and can it have any different signification repeated here ?). And, "from aught that is stated, and for aught that Dr. BROWN knows, calomel might (though we aver it was not) have been used in teaspoonful doses so early as the second day ; yet our *fair, honorable, and learned critic* avers — upon what authority we know not — that for four days we used *nothing* else but solid opium !" What quibbling !! Are we to look upon this as malicious falsehood ? or are we to infer his want of a knowledge of, and ability to understand, the English language ?

If indeed the Doctor was misrepresented, as he seems to

think, and upon which impression alone he justifies his last effort, we disavow his having any reason for blaming us, as we had both the fairness and manliness to state the case and treatment in his own words. Has he become dissatisfied with his first representation of it, which renders the treatment adopted inapplicable, as is plainly indicated by his attempt at improvement, let him have the honesty and frankness to say so, and we will let him off. We furthermore state (not so much, however, for his discomfort, as for his information, as was clearly expressed in our other), *that the above treatment went on, with little or no change* (except an entire omission of all treatment through the night), *up to the seventh day even*, with the exception of an increase of the calomel to five grain doses (not ten, nor designed as a cathartic either)—notwithstanding, he gravely says :

“As a *dernier resort*, with death staring us in the face, we gave the cathartic powers of calomel a full, and even rash, trial. If we rightly remember (we have sent the *Peninsular and Independent* for 1858, away, &c.), ten grains were given every three or four hours, for two days.”

Then upon this misstatement, and evidently as if deserving of great credit for such heroism, comes the following :

“What more would our friend require of us? In our judgment, this would have been imprudent and uncalled-for at first, but was justifiable at the time such treatment was brought in requisition. Our *physicking* [physicing is the correct orthography] advocate should remember that even this [*huge dose, —five grains of calomel, and no more, with opium to counteract its laxative influence*], aided by purgative enemata, *failed entirely to produce alvine evacuations until the intussusception was removed by mechanical means.*”

Now, we really hope the Doctor will get back his absent *Journal* before he writes again, and if a gentleman, we shall expect him to make the *amende honorable*. Indeed, it is deeply to be regretted that it was

not before him at his last writing, as it would have saved him a "*heap*" of words. At least, a careful examination of it, we think, in connection with the criticism, would have curtailed the length of his article materially, if it had not obviated the necessity for it altogether. Our readers, of course, will see which of us is in the error; and should our friend, on examination, aided by his learned counsel or otherwise, find that any larger doses than we first stated were given, he will have the privilege of communicating the information at a subsequent writing. But supposing he had given 30 gr., and stated it; would it have been more than "a full test of the cathartic powers of calomel"? or even double that amount? would much less than this have justified his plainly indicated claim to *heroic* practice?! And even this would not have met our views, with this object only, as we can readily conceive of many other cathartics much more reliable and, in other respects, less objectionable.

In allusion to Dr. G's "remarks" upon the report of Dr. DUBOIS, he says:

"We then disavowed all intent to criticise, — making Dr. DUBOIS's [DUBOIS' is correct] article a text for a few remarks of our own, — never dreaming that every medical article must suggest a new remedy."

No, but it is customary for authors and "learned critics" to speak only in commendation of an article that is already complete; and where it is otherwise, as evidently was supposed in this case, and language like the following used, —

"Rheumatism is a disease of such frequent occurrence, so distressing in its symptoms, so protracted in its course, and so often fatal in its consequences, that any practical remarks in regard to its treatment can not be deemed ill-timed, or out of place. And in rheumatism, as in all other diseases, for their successful treatment, a goodly share of common sense, and a thorough and appreciative knowledge of the principles of medicine are more indispensable to the practitioner than the best set formula that was ever devised,"

we hold that something new is expected — some additional light to be thrown upon the subject, instead of a mere repetition of the same thing ; and when this is not done, there is always a disappointment, as in the present instance. Hence, the manufacture of sermons so much inferior to their text we still condemn.

Doubtless, we may be permitted here to inquire, With what grace does a quotation from Dr. WATSON, condemning cathartics in peritonitis, and to show that our friend was right, come from an individual who, in attempting to criticise the report of Dr. DUBOIS, criticised only a quotation from the same distinguished author ? And as the other quotation from DRUITT, the object of which is to make us appear diminutive in comparison with himself — the great luminary of Frewsburg, N. Y. — we will only say, that DRUITT is only another author, fallible, and liable to error, inconsistency, &c., like WATSON, and entitled to no more respect, farther than what he inculcates commends itself to an enlightened reason. Hence we shall be influenced by this suggestion of his as we are by all others, viz. in proportion to its importance ; which, in our opinion, does not happen to be among the most valuable of this excellent author's teachings. However, if Dr. G. chooses to be to the trouble of "*examining well the bend of the thigh in every case of sudden and violent vomiting and colic he meets with,*" certainly we have not the slightest objection ; but, as we have already reminded him, that in doing so he will necessarily violate the very principles or rules that led him to find fault with WATSON for stating, that, in Rheumatism, or throughout all this febrile disturbance, there is no coma, no marked trouble of the stomach or of the bowels, no *vomiting*, no diarrhœa, &c." The truth is, however, that WATSON passes no such condemnation upon the appropriate use of cathartics in ordinary peritonitis, and the language referred to from his pen has direct reference only to a case

of peritonitis caused by actual perforation (wound) of the intestine by an accident, as will hereafter be shown, and which, of course, Dr. G., who inveighs so vehemently against unfairness, dishonesty, &c., knew when he selected it. What beardless student of medicine, even, don't know that, for union to take place in these most serious of accidents, the bowels must be kept still, or, in other words, put in splints by a powerful opiate, and that to disturb them by cathartics would be perilous? ! But his was a case of "*obstruction*," and not peritonitis, making an evacuation indispensable.

To what Dr. G. ingeniously denominates our "first flourish" (an appellation for a simple question we should never have thought of), we would say, that, with the symptoms before the reader, upon which alone the opinion is predicated, and which, in quoting, as he saw it would be fatal to any other conclusion, he does us the injustice to leave out, we are willing to risk the decision, and will not complain if it be against us. But, for the edification of our friend, as well as for amusement, we will change the aspect of our "flourish" a little, and inquire again: What astute, practical physician, with a keen discrimination, looking at the symptoms as described, viz.: "Severe *pain* in the bowels and tenderness on pressure, vomiting, *quick* pulse, furred tongue, countenance haggard and indicative of great distress, obstinate constipation and prostration," would hardly have thought of obstruction, much less hernia, and still less intussusception; or even anything else but inflammation with constipation, indicating a brisk, but by no means drastic, cathartic? However, to leave no doubt upon the mind of any one as to the identity of these symptoms with those of peritonitis, we quote from Dr. Wood, under this head:

"Nausea and vomiting, thirst, constipation, and scanty or suppressed urine, are very frequent symptoms. The vomiting is sometimes

exceedingly distressing. The constipation is obstinate in those cases in which the muscular coat of the bowels becomes involved in the inflammation. . . . The face is pale, contracted, and marked by an expression of deep distress and anxiety characteristic of the disease. . . . The pulse is usually very frequent, &c."

But, to our surprise, Dr. G., who professes such familiarity with authors, maintains that, "had the case been one of peritonitis, as we supposed," a cathartic would have been inapplicable, and makes the following quotation from WATSON in reference to a case not distinguished from ordinary "peritonitis, first cured by opium, and afterwards killed by a cathartic":

"This example puts in a very strong light the good effects of opium, and the dangerous effects of purgatives."

Now, in ordinary peritonitis, WATSON says nothing against the use of purgatives only as *antiphlogistics*, and by no means condemns the usual practice of opening the bowels in the beginning, and keeping them reasonably open throughout the disease; and, as before asserted, the above quotation is applicable only to a rupture of the bowels, which will be seen by the following from the same author:

"The well known symptoms of perforation had existed for two days; the patient was apparently sinking, his countenance was collapsed, anxious, and expressive of dreadful suffering; the extremities were cold, and the pulse hardly perceptible."

Now, let a case of peritonitis once be made out, and there can be but little chance for dispute as to the appropriate treatment, which is settled by authorities; and as it had been more than intimated that our recently expressed views were at variance with these, and to prevent further quibbling, it may not be amiss for us to furnish Dr. G. with one example from WATSON'S own practice—his favorite author—and which we trust will be sufficient to show how he stands in relation to this matter. He says:

"Sept. 17th he" (patient with peritonitis) "entered the hospital. I directed immediate venesection. . . . He appeared to be in great agony. In this state the apothecary gave him twelve grains of calomel and five of opium in one dose. . . . Next morning his countenance had lost in a great degree its expression of anxiety, &c. . . . No stool.

"Capiat pilulæ saponis cum opio gr. v. 8vâ. quaq. horâ.

"On the 20th the bowels were *freely open*; the dejections were dark and watery; the abdomen was less tender. . . . The bowels being *every day moved*, &c. . . . he at length got quite well."

In corroboration of this treatment we might quote from nearly every author upon practice, but it is not necessary, and we will only introduce a few lines from Dr. Wood:

"In ordinary peritonitis, prompt and copious bleeding is the most important remedy. . . . Neither should paleness of the face, and absence of febrile heat upon the surface, deter from venesection, when the evidences of inflammation are unequivocal and the patient is seen early in the attack. . . . After the first bleeding, from five to fifteen grains of calomel should be given, followed in six or eight hours by castor oil, or sulphate of magnesia, or infusion of senna with salts, whichever may be most easily retained upon the stomach, so as to produce a *thorough evacuation* of the bowels."

Again, immediately on quoting what is called our "second flourish," he exclaims:

"Guided by such reason as is vouchsafed to us, we have registered our opinion ABOVE" (in Heaven we suppose is meant).

And then goes on:

"Our critic finds fault with us for giving opium at first, instead of bleeding, and giving an efficient and reliable cathartic."

This we positively deny. We found no fault with the use of opium only as a means to a specific end, viz. evacuation of the bowels. On the contrary, we sanctioned its use, as the following from our article will show: which (viz. calomel and opium,) "were by no means inappropriate, had they been given with direct reference of the inflammation instead of supposed obstruction;" and also, we

might add, as a means of quieting an irritable stomach or easing pain, are highly commendable. Certainly there can be no further dispute on this item of the affair. But this is only one example of his misrepresentation. Indeed we can not rid ourselves of the conviction, that, even in connection with the opium, the bowels would readily have responded to the influence of a brisk, reliable purgative, as it seems to us he had no other obstruction than the constipation consequent upon the condition to which all the symptoms seemed conclusively to point. As before intimated, we have reason to think that, had he examined our article more carefully, he would have been saved the trouble at least of penning the following :

“To the no small discomfiture of Dr. BROWN, we would say that the patient experienced none of the peculiar effects of opium.”

Now if it will be any relief to Dr. G., we will here state, that we did not think the symptoms were those of narcotic poisoning by any means.

Again it is said :

“Dr. BROWN charges us with neglecting the use of efficient cathartics. When every means failed to procure relief, and death was imminent, though we were firm in the faith that we had a case of intussusception to deal with, . . . we were bound to hope at least that our diagnosis might be wrong.”

Well we did think—and have not altered our opinion yet—and also said, that it seemed to us, if a proper purgative had been given early, it would have been in place. But what are his every means which “failed to procure relief” in the direction of evacuation of the bowels (this being the acknowledged desideratum), which, in our opinion, ought to have been resorted to before “death was imminent,” but calomel in four grain doses, to the fourth day, and increased only one grain above this to the seventh, with opium, except a little castor oil? Now, is he willing

to have this called exhausting every means of procuring catharsis? If so, we have no objection. Also, what kind of "faith" must that have been, that led him so firmly to believe "he had a case of intussusception to deal with," and yet failing to give us the diagnosis he so clearly made out (or rather now makes out), and that too with the expressed object in view in reporting the case, viz.: "*to add another of this kind to the list relieved by mechanical means.*" Was not this an oversight!!

Now as to the incongruity which Dr. G.'s "obtuse perceptions fail to discover" in the idea of "death from an inability to rally from the extreme prostration" caused by obstruction, and at the same time "peritoneal inflammation being the cause of death," we will only say, that a man's perceptions, especially those of a medical man, certainly must be very "obtuse" indeed not to be able to make such a discovery.

We are also told by the Doctor that he was favored with decidedly the best counsel in WESTERN NEW YORK. Well, perhaps he was, after the appearance of our criticism, to assist him in making out his recent diagnosis, which doubtless he takes upon said counsel's *ipse dixit*, as he admits the evidence of it to him was wanting. Isn't it a little singular, however, that an expert physician like the one in question should have committed such an oversight as not to have honored his counsel with at least as much as a mere mention of the fact in his report?! Wonder where said counsel was, that he rendered him no assistance when in the bed-room with the patient—the "door closed against spectators"—with pump in hand to do execution, in the midst of the "heart-rending shrieks and groans" of the dying sufferer—the husband and friends without—but soon "rushing in, evidently looking upon him as a personification of brutality"!!

Asking pardon for so lengthy a trespass upon the pages

of your excellent *Journal*, we now take our leave of Dr. O. C. Gibbs (though, as an offset, we might say of Dr. CRITICISM CRITICISED, *the famous* FREWSBURG PUMP-OPERATOR, *and shrewd* DIAGNOSTICATOR of INTUSSUSCEPTION *fourteen months after death*, but we do not choose to) for the present, and we think forever, unless he can “incubate” long enough upon the subject matter of his discourse hereafter to develope something more worthy of our attention, “kindly reminding him” that, in our opinion, the “old addage” with which he closes his article, evidently for our own improvement, viz. “*Be sure you are right, and then go ahead,*” would have been peculiarly applicable to him in the treatment of his case of “obstruction,” and which he would have done well to have brushed himself up on previous to the appearance of our criticism. We confess our error in the first instance in noticing his displays in the *Journal*, which indeed we should not have done could we have become convinced that they had no relation to the lives of our fellows; and we now pledge ourselves to be guilty of the like sin no more, unless justice to ourselves and duty to humanity demand it.

J. A. BROWN, M. D.

KANKAKEE CITY, Ill.

ART. XXIX. — Meteorological Register for Month of August, 1859.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date	Barometer.			Standard Thermomet'r			Hygrometer			Force of Vapor in Inches			Relative Humidity			Winds — Direction and Force.				Fall of Rain.	
	7 A. M.	2 P. M.	9 P. M.	7	2	9	7	2	9	7 A. M.	2 P. M.	9 P. M.	7	2	9	7 A. M.	2 P. M.	9 P. M.	BEGAN.	ENDED. INCHES.	
1	29.50	29.54	29.56	72.88	70.67	74.62	.595	.650	.449	S.W.	2 W.	2 W.	.75	.49	.61	S.W.	2 W.	2 W.	4.38 pm.	11.30 pm.	1.28
2	29.56	29.57	29.58	74.82	67.69	72.61	.641	.650	.581	W.	1 E.	2 W.	.76	.59	.71	W.	1 E.	2 W.			1
3	29.60	29.56	29.48	72.78	63.67	71.60	.595	.664	.478	W.	1 W.	2 S.E.	.75	.69	.83	W.	1 W.	2 S.E.			2
4	29.41	29.50	29.52	64.84	65.61	77.61	.497	.832	.483	N.	1 E.	1 W.	.88	.71	.78	N.	1 E.	1 W.			1
5	29.55	29.54	29.50	68.80	68.62	72.60	.476	.677	.411	S.E.	1 E.	2 S.W.	.59	.66	.60	S.E.	1 E.	2 S.W.			1
6	29.50	29.54	29.56	74.85	69.64	78.62	.462	.863	.462	W.	2 S.W.	1 S.W.	.55	.71	.65	W.	2 S.W.	1 S.W.			1
7	29.60	29.65	29.65	67.80	68.61	71.61	.457	.637	.443	W.	2 S.W.	1 S.W.	.69	.62	.64	W.	2 S.W.	1 S.W.			1
8	29.68	29.70	29.72	77.90	75.67	78.65	.527	.796	.483	S.W.	1 S.W.	2 S.W.	.56	.56	.55	S.W.	1 S.W.	2 S.W.			1
9	29.75	29.78	29.75	78.92	82.65	74.72	.443	.569	.650	E.	1 S.E.	2 S.E.	.46	.39	.59	E.	1 S.E.	2 S.E.			2
10	29.75	29.74	29.70	68.76	72.61	67.65	.443	.542	.524	S.E.	1 S.E.	1 S.E.	.64	.60	.66	S.E.	1 S.E.	2 S.E.			1
11	29.67	29.65	29.64	65.86	71.60	82.68	.451	.038	.644	S.E.	1 S.E.	2 S.E.	.73	.83	.85	S.E.	1 S.E.	2 S.E.	6.36 am.	4.10 pm.	.68
12	29.62	29.58	29.54	77.88	77.70	80.74	.639	.915	.799	S.E.	1 E.	2 S.E.	.68	.69	.86	S.E.	1 E.	2 S.E.			1
13	29.50	29.57	29.58	74.90	76.67	81.70	.568	.935	.652	S.E.	1 S.E.	1 E.	.67	.66	.72	S.E.	1 S.E.	1 E.			1
14	29.63	29.65	29.62	78.89	76.70	78.71	.625	.809	.691	E.	1 S.W.	1 S.E.	.65	.59	.77	E.	1 S.W.	1 W.			1
15	29.60	29.64	29.67	75.90	75.65	76.71	.483	.708	.704	S.E.	1 S.E.	1 S.E.	.55	.50	.81	S.E.	1 S.E.	1 S.E.			1
16	29.68	29.65	29.67	78.90	76.71	79.67	.664	.841	.542	S.E.	1 S.E.	1 E.	.69	.59	.60	S.E.	1 S.E.	1 S.E.			1
17	29.64	29.68	29.65	76.81	66.67	72.60	.542	.663	.470	S.E.	2 S.E.	2 S.E.	.60	.62	.73	S.E.	2 S.E.	2 S.E.	11.35 am.	9.10 pm.	.46
18	29.62	29.55	29.52	68.74	64.63	70.60	.509	.679	.465	S.E.	2 S.E.	2 S.E.	.74	.81	.78	S.E.	2 S.E.	2 S.E.			1
19	29.60	29.64	29.65	65.78	69.60	71.60	.451	.664	.398	N.	1 N.E.	2 E.	.73	.69	.56	N.	1 N.E.	2 E.			1
20	29.65	29.64	29.65	68.85	72.61	77.64	.443	.819	.489	N.E.	2 N.E.	2 E.	.64	.68	.62	N.E.	2 N.E.	2 E.			1
21	29.70	29.72	29.68	76.88	74.67	78.64	.542	.823	.462	S.W.	2 E.	2 E.	.60	.62	.55	S.W.	2 E.	2 E.	6.50 am.		1
22	29.58	29.55	29.50	72.82	73.66	77.67	.559	.860	.581	S.	1 N.W.	2 S.	.71	.78	.71	S.	1 N.W.	2 S.			1
23	29.50	29.48	29.46	67.81	70.65	77.66	.591	.873	.586	S.E.	2 S.E.	1 S.E.	.82	.79	.82	S.E.	2 S.E.	1 S.E.			1
24	29.44	29.42	29.44	58.78	68.55	76.67	.393	.870	.648	S.E.	1 S.E.	2 S.E.	.81	.90	.94	S.E.	1 S.E.	2 S.E.			1
25	29.45	29.49	29.52	65.80	67.62	77.65	.516	.887	.591	S.E.	2 S.E.	2 S.E.	.83	.86	.89	S.E.	2 S.E.	2 S.			2
26	29.54	29.56	29.58	64.82	60.70	67.67	.465	.904	.622	S.W.	2 S.E.	2 S.	.78	.82	.84	S.W.	1 S.W.	2 S.			2
27	29.58	29.60	29.60	57.72	59.54	67.54	.378	.595	.351	S.W.	2 S.W.	2 S.W.	.81	.75	.70	S.W.	2 S.W.	2 S.W.			2
28	29.64	29.68	29.75	57.74	62.53	68.57	.350	.604	.399	W.	1 W.	2 W.	.75	.72	.71	W.	2 S.W.	2 W.			1
29	29.78	29.78	29.64	58.72	64.55	67.58	.393	.595	.403	W.	2 S.W.	2 S.	.81	.75	.67	W.	2 S.W.	2 S.			2
30	29.58	29.52	29.56	59.75	65.55	65.60	.380	.483	.451	W.	2 S.W.	2 S.W.	.76	.55	.73	W.	2 S.W.	2 S.			1
31	29.54	29.53	29.50	58.74	61.52	67.54	.309	.568	.325	W.	2 S.W.	3 S.W.	.64	.67	.60	W.	2 S.W.	3 S.W.			1

Bibliographical Record.

A PRACTICAL TREATISE ON ENTERIC FEVER; its Diagnosis and Treatment: Being an analysis of One Hundred and Thirty Consecutive Cases, derived from Private Practice, and embracing a Partial History of the Disease in Virginia. By JAMES REEVES, M. D. Philadelphia: J. B. Lippincott & Co. 1859.

THE little volume, the title of which is given above, is decidedly practical in its nature, and as such, it will be appreciated by practical men. It is the work of a country physician, whose experience has been gathered from a class of patients far different from those who usually find admission into the wards of a hospital. While the rich and the poor have alike furnished him cases, and while luxuries, comforts, and deprivation, have, in different instances, attended upon and influenced the progress and termination of the disease, still, as a general rule, pure air, and uncontaminated constitutions, have, in all probability, been distinguishing peculiarities in his practice. For these reasons, the experience of our author, while valuable to all, will prove especially serviceable to country practitioners.

The author, too, deserves much praise in setting a worthy example in keeping full and accurate notes of all his cases, and in reducing them to an available form.

On the subject of treatment the author is full, and as explicit as the nature of the disease will permit. Fully recognizing the recuperative powers of nature, he still avoids the extreme into which such recognition sometimes leads; and recommends a course of treatment which generally cor-

responds with the views which we have derived from our own experience. G.

THE ACTION OF MEDICINES IN THE SYSTEM; or, "On the mode in which Therapeutic Agents introduced into the Stomach produce their Peculiar Effects on the Animal Economy." Being a Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for MDCCCLII. By FREDERICK WILLIAM HEADLAND, M. D., B. A., F. S. S., Licentiate of the Royal College of Physicians, etc. etc. Third Edition, Revised and Enlarged. Philadelphia: Lindsay & Blakiston. 1859.

A NEW and handsome edition of a well known and valuable work.

Editorial Department.

Medical Controversy.

When the Consolidated Journal was offered to the patrons of the *Peninsular Journal* and the *Medical Independent*, it was stated that the design was to make it "the organ of the whole Profession within the range of its circulation—to furnish a medium for the dissemination of professional knowledge, and the interchange of professional opinions."

Within the scope of the latter clause of the above quotation are to be included such criticisms upon opinion and practice, as contributors, from time to time, see fit to propose and offer. It is, however, but right and proper that harsh expressions and personalities should find no place in such criticisms. It is very easy to criticise *severely*, without being *personal*; it is also very easy to be *personal*, and at the same time *dignified* and *gentlemanly*. Personalities may even become necessary in the course of a controversy; but they should not, when such is the case, sink below the level of the true gentleman. They should also be pertinent to the point in dispute; otherwise they are unworthy the high-toned controversialist.

It was with a conviction of the truthfulness of these sentiments that, in the salutatory, from which we have already quoted, the following language was held:

"On the subject of controversies and personalities, from the peculiar circumstances under which this *Journal* has commenced, and as a guide to our future contributors and correspondents, it seems proper that we

should be somewhat more explicit, and, once for all, that our course should be definitely stated, and distinctly defined. . . . All improper personalities shall be excluded, and, also, all subjects specially tending to the production of personalities, or the endangering of feelings inconsistent with the proper peace and harmony of the Profession."

Improper personalities, however, sometimes *gradually* creep into controversial articles, without seeming at first sufficiently objectionable to render their exclusion necessary. In this way, pleasantries beget sharper expressions, which, in turn, call forth sneers or sarcasms, until a highly objectionable article is the result. In this way we account, and also apologise, for an article in the original department of this No. We trust our controversialists will, hereafter, refrain from indulging in the least personalities. The point at issue is the propriety of a given course of practice. The pages of the PENINSULAR AND INDEPENDENT are free to our disputants for the discussion of that point; but we beg them to confine themselves to the real issue; so shall science and politeness at once be served. G.

Selected Articles, Abstracts, &c.

PIROGOFF'S OSTEOPLASTIC PROLONGATION OF THE BONES OF THE LEG, WITH EXARTICULATION IN THE TIBIO-TARSAL ARTICULATION.

BY GUSTAV C. E. WEBER, M. D.,
Professor of Surgery in the Cleveland Medical College, etc., etc.

(Continued from September No.)

CASE I.—On the 2d day of October, 1857, I was called upon by my friend, Dr. ROEDER, to see a little boy of eight years, whose right foot had been very badly smashed, a few hours previous, by the wheel of a railroad car. The bones of the metatarsus and tarsus, together with the surrounding integuments, to within one quarter of an inch of a line drawn in front of the ankle joint, from one to the other malleolus, were literally crushed to a jelly. Thus the question as to a primary amputation was very easily settled, and the removal of the foot in the tibo-tarsal articulation agreed upon. The tuberosity of the os calcis was uninjured, and consequently PIROGOFF's operation was proposed. A few hours after the infliction of the injury, the boy having sufficiently recovered from the shock, the operation was performed with neatness and celerity by Dr. ROEDER, with my assistance. We followed PIROGOFF's original plan of dividing the calcaneus vertically, modifying it, however, so far that we removed with the malleoli the articular surface, together with a thin section of the tibia and fibula, also in a vertical direction. This vertical division I recommended instead of the oblique division of the bony structures in question, because it seemed to me that after coaptation disarrangement of the osseous flaps would more easily occur when the line of union of the flaps formed an obtuse angle with the line of action of the muscles of the calf of the leg. Possible spasmodic contractions during reaction seemed to me capable of pulling the remaining portion of the heel upwards and backwards along the oblique line of division of tibia and fibula. We experienced no trouble in bringing the posterior flaps forward, and adapting the osseous surfaces. Thræe arteries were tied, four strong sutures passed, a few adhesive strips applied, and the stump adjusted by means of a roller to a concave splint, the lower end of which was moulded so

as firmly to surround the stump, leaving only the most anterior part of it uncovered. This particular splint appeared to me essential to secure the entire rest of the wound, and avoid the tearing through of the sutures if the muscular contraction should be great. The reaction after the operation was very slight. The whole wound seemed to heal by first intention, when on the fourth day, without a known cause, tolerably profuse hemorrhage occurred, which, however, was arrested by the use of additional compression more firmly applied. When, twenty-four hours after this accident, the compresses were removed, we found the lips of the wound in the soft parts separated by coagula and suppurating. For about two weeks suppuration was extensive. It diminished gradually; and six weeks from the day of the operation the little patient came walking into the Amphitheatre of the College building to present himself before the class. The stump was perfectly sound; the union between the bones perfectly firm; and the shortening of the extremity only $\frac{3}{4}$ of an inch, accurately measured.

CASE II. — A German laborer, aged fifty-eight, a lover of the narcotic effects of alcoholic liquors, was admitted, on the 10th of October, into the hospital wards of the City Infirmary with gangrena of both feet. The extremities were both tumefied, bright red and very painful to within four inches beyond malleoli. There was complete mortification of the right foot up the tarso-metatarsal articulation. The toes of the left foot were attacked with superficial gangrena, and covered with dark-colored bullæ. The general condition of the patient appeared tolerably good for so much local inflammatory action; there was only slight febrile disturbance. Ordered locally extensive scarifications, glycerine and cotton, internally light antiphlogistics. During the first few days after his admittance, the gangrenous process slowly extended. The swelling and other symptoms of inflammation, however, diminished. Symptoms of delirium tremens supervened, which lapsed into those of a typhoid condition. Continued local treatment with glycerine and cotton. Applied linen soaked in a strong solution of chlorate of lime over the sloughs. General treatment: opium, cinchona, and acids. About ten days from the time I first saw the patient, the line of demarcation, and the process of separation commenced on the right foot, a little above the line of amputation of CHOPART. On the left foot the destruction of tissues remained superficial and limited to points somewhat beyond the toes. The general condition of the patient improved gradually, so that on the fifteenth day after the exposure to the cold causing the mischief, amputation at the ankle joint became indicated. I selected PIROGOFF's operation. In the presence of the class and several of my colleagues, the patient was placed on the operating table under the influence of ether and the original plan of PIROGOFF followed out.

In trying to bring about the coaptation of the flaps, I met with obstacles. The contractions of the muscles of the calf of the leg were so powerful that, even by forcible and continued extension and counter-extension, it was impossible to bring the posterior superior margin of cut surface of the calcaneus to a level with the posterior and inferior margin of tibia and fibula. I therefore was obliged to take another slice from tibia and fibula. (In a vertical direction to the axis of the bones, for the same reason which I gave in the description of the Case No. I). When this piece of the bones, about one-fifth of an inch in thickness, was removed, the coaptation required still some force. However, I succeeded in inserting the posterior superior margin of the cut surface of the os calcis upon the posterior inferior one of tibia and fibula; and, using the latter as a fulcrum, and the calcaneus as a short lever, I easily described with it the part of a circle necessary to bring the flaps into apposition. A few sutures then secured the equilibrium of both forces acting upon the fulcrum. For better security, the splint, before described, was applied. The case progressed favorably without much local and general reaction; part of the wound healed by first intention, part by granulations, so that within eighteen days after the operation, the stump seemed sound and well. Upon closer examination, I found the calcaneus still moveable. On the twentieth day two painful abscesses formed, one situated upon the anterior aspect of the stump, and one internally, near the insertion of the tendo Achillis. When these abscesses healed again after a few days, several new ones appeared in succession in the cicatrix, one of which remained discharging for five weeks. On the sixty-eighth day, the stump was perfectly firm and healed, although still tender, so that yet for two months the patient was unable to bear his weight upon it. The shortening was one inch; and now with only a round thick soled boot, firmly laced to the lower extremity, the patient can walk without much of a limp.

The superficial sloughs of the left foot became detached in the course of the treatment of the stump; and the deficiency, upon the application of simple ointment, was soon restored by granulation and cicatrization.

CASE III. — Mr. A., from Ontonagon, Lake Superior, came in the early part of April, 1858, to our city, and placed himself under my care with caries of the metatarsal and tarsal bones, caused by injuries inflicted with an axe, some eight months previous. His general condition had suffered to such an extent, and the disease of the bones was so extensive, that amputation was at once decided and agreed upon. The whole foot was swollen to an unsightly shape; the integuments around the ankle were thickened and hardened; and the movability of the joint lessened. Fistulous openings were leading down to the carious bone everywhere, on the dorsum and the planta pedis.

With a sound I could push through and into almost all the bones of the tarsus in every direction. When introducing the sound through an opening over about the junction of the astragalus with the scaphoid, I could traverse backwards and slightly downwards softened bony structure until I reached resistant bone. I concluded that the bone of the heel was still sound, and PIROGOFF's operation practicable; consequently this operation was performed *lege authoris*. When sawing through the os calcis just behind the sustentaculum tali, I found my anticipation as to its condition verified. The malleoli, however, appeared spongy, and the articulating surface soft. I therefore removed with them a piece of the lower portion of tibia and fibula, about a quarter of an inch thick. The contractions of the gastrocnemii and soleus were not very powerful, but still the coaptation of the flaps impossible. I then removed a wedge-shaped piece from the remaining portion of the calcaneus, after SHUIR's proposition, yet to no purpose. I divided carefully the insertion of the tendo Achillis. This seemed to loosen the tension occasioned by an attempt to bring the posterior flap forward somewhat, but not sufficient to achieve the object. Besides, when I brought the flap forward as much as possible, its circulation seemed at once entirely interrupted. I was then convinced that the extremely thickened and hardened condition of the integuments was the obstacle hindering the adaptation, and that only the removal of the bony contents of the posterior flap would finish this operation to the benefit of the patient. After a tedious dissection, the calcaneus was taken away, the arteries were secured, and the flaps united by sutures and adhesive straps.

Notwithstanding severe hemorrhage on the fourth day, and excessive suppuration for nearly two months, the patient obtained, at the end of three months, a sound and useful stump, to which he adjusted an artificial foot, perfect for locomotion and symmetry.

CASE IV. — A Swiss laborer, æt. 51, came on the 20th of December last, with frozen feet, into the Hospital ward of the City Infirmary. His left foot was gangrenous up to the tarso-metatarsal articulation, the line of demarcation distinctly visible at that point all round the foot. The right foot and leg were extremely red and tumefied, with mortification extending up to the line of CHOPART, and apparently spreading.

Poverty, privation, bad air and bad liquor had influenced the patient's constitution in such manner before the accident, that the symptomatic irritation soon after presented the irritative character. With a dry, brown tongue, weak, wiry pulse, quick respiration, and an appearance of heaviness and drowsiness, he was brought to the Hospital. Suitable local and internal applications were made, which decreased his constitutional irritation materially. Then the inflammatory process of the right leg also gradually subsided, and the line of demarcation

formed anteriorly to within one-quarter of an inch of the right ankle joint, and on the *planta pedis*, along the line of junction of the *calcaneus* with the *scaphoid*.

Ten days after the admission of the patient, I considered his general condition such as to warrant the removal of the spoiled tissues. I consequently determined to amputate, first, the left foot, and afterwards, when the reaction from this attack had, to a certain degree, subsided, the other. The simultaneous amputation seemed to me not advisable, on account of the double shock such proceeding must necessarily communicate to his already shattered system.

I performed CHOPART's amputation, obtaining sufficient covering for the bony surfaces, by making the anterior flap a little larger than common, and the posterior a little smaller.

In about eight days the stump was doing so well, the man had so finely overcome the consequences of the operation, that the second amputation became indicated. The process of separation had at some points cut nearly through the whole thickness of soft parts, the gangrenous mass from the living tissues. The integuments of the ankle joint and its vicinity appeared perfectly sound.

PIROGOFF's operation was thus practicable, and neatly performed by my assistant, Dr. H. K. SPOONER, after the same plan as in case No. I. The coaptation of the flaps was perfect, and comparatively easy. This second operation exercised apparently very little influence upon the patient's condition, which remained, with the exception of a little increase of his symptomatic fever, about the same. He progressed favorably until the fourth night, when all at once severe hemorrhage occurred. The loss of blood was considerable before the nurse became aware of it, and procured the assistance of the house surgeon. This gentleman applied a strong compress over the stump, adjusted it with a roller, and placing his fingers over the femoral artery, awaited my arrival.

When I came, I found the patient very anæmic, with a hardly perceptible pulse. He tossed about and screamed for pains in his limb. The bleeding had for some time ceased, and fearing that the bandages caused the restlessness of the man, I removed them. This was not yet quite done when the blood commenced again to flow. Compression of the posterior tibial arrested it instantaneously. This fact would have led me to the ligation of that vessel, if the patient's condition at that time had not forbid all surgical interference, or the use of chloroform. Examining the stump carefully, I found the bony surfaces separated from each other by coagula, at least three-fourths of an inch. The adhesive strips having been well applied, kept the lips of the wound of the soft parts, at a point where the strips lay, in close proximity, but pulled the anterior flap or anterior integuments of tibia and fibula downwards over their sharp edge. In the spaces between the

adhesive plaster, the wound was driven apart by coagula. When the compression of the artery was discontinued, blood trickled tolerably fast out of the inner angle of the wound. Having satisfied myself that the hemorrhage could be controlled by pressure, I applied a small, thick compress, about two inches above the stump, over the before named artery, secured it by a roller, enveloped the stump with another, and adjusted the splint. This bandage answered the purpose admirably well, and remained *in situ* for about fifteen hours. During the last three of these, the patient complained bitterly about excruciating pains in the extremity, which, together with his stronger pulse, hot skin, and restless behavior, indicated a general re-action. Upon removal of the bandages, the stump and leg presented a sorry appearance. The posterior flap had entirely lost its position, being drawn backwards and upwards, at the same time swollen to an unsightly lump, the space between the flaps filled with decomposing coagula, and the anterior flap turned downwards; the whole leg was tumefied, red, and painful; the integuments over the edge of tibia and fibula, as well as at other points on the limb up the knee, were bluish discolored. Whether this state of things was owing to the bandages, too tightly applied, or to excessive re-action in tissues whose vitality had been greatly lowered by a former inflammatory process, and by the excessive loss of blood, and generally depraved system of the man, is hard to tell. I am inclined to believe the latter to have been the cause, from the fact, that extensive sloughs afterwards formed where the bandage could not have exercised any undue pressure, and that no sloughs formed where the pressure was undoubtedly the greatest, as, for instance under the compress over the artery. Then a real tight bandage might have secured the splint in such a way that the posterior flap could not have been retracted. This may be as it will. At the time the bandage was applied we had to arrest bleeding, and had no other avenue for that object open to us, the patient being, as remarked before, in a very critical condition. From the appearance of the whole limb, I was satisfied that our prospects for union of the flaps were rather dubious, even if the patient should survive such alarming symptoms. I left, therefore, the stump to its fate, and looked alone to the inflammatory process and constitutional disturbance.

For two weeks the patient was at the point of death, but gradually the inflammatory process diminished, and with it improved slowly his general condition. The sloughs separated, granulations sprang up, covering the cut surfaces of the bones and the loss of substance in the soft tissues. In about twenty-eight days, the patient was ready for a third amputation, becoming imperative on account of the impossibility to replace the flap, whose vitality during the whole siege was not in the least enroached upon, or to bring it into any kind of shape for cicatrization.

The left stump, during the height of trouble with the right one, seemed to suffer some, but healed, ultimately, nicely.

The third amputation was performed below the knee; and also of this operation, the patient, in a comparatively short time, got up without further trouble.

The Employment of Water in Auscultation.*

By S. SCOTT ALISON, M. D.,

Assistant Physician to the Hospital for Consumption.

THE HYDROPHONE. — If we desire to employ water as an agent in auscultation and in aid of hearing-tubes, difficulties at once present themselves. To apply water to the chest is easy enough; but it is not so easy to retain it there in a suitable manner. The application of water may be unpleasant to the patient, and, by wetting his clothes, may give rise to much annoyance and inconvenience. The idea occurred to me that if I could confine water in some material that would not interfere with its sound-intensifying power, a material advantage would be gained, and we should have a convenient mode of reinforcing hearing-tubes. In a former paper it was stated that a thin membrane offers no sensible impediment in the way of water intensifying sound, although thick and non-elastic or non-vibrating bodies did; and, taking advantage of this fact, I made a waterproof bag of india-rubber to contain water. The india-rubber membrane is so thin as to offer little or no resistance to the undulations of water. The bag is about the size of a large watch, and is sufficient to receive the extremity of an ordinary flexible stethoscope, or to form a medium of connexion between the external ear and a solid sounding body, such as the human chest. The thickness of the bag is not above the third of an inch. Nothing is gained by greater thickness, and the advantages of sound having to travel only a short way, and also of only a very little weight pressing upon the sounding body, are secured. The sonorous pulses, so to speak, are readily taken up from the solid body or the chest, and are conveyed through the water and membrane on either side, and reach the edge of the aperture of the hearing-tube and the contained air, whether the instrument be the flexible stethoscope, the human ear, or any other hearing-tube. This instrument possesses valuable advantages, and I have therefore ventured to give it a name, that of the Hydrophone. It fits admirably and exactly upon the part of the chest to which it is applied, however uneven and irregular, whether this be a projecting rib or a deeply-sunk intercostal space, a broad level surface or a narrow depression, the clavicle or spine of the scapula. By its other side, the hydrophone fits as exactly to the aperture of the

* From the *London Pharmaceutical Journal*.

hearing-tube or to the exterior of the human ear. Every part of the solid body covered by the hydrophone contributes its quota of sound. The fitting of the instrument to the hearing-tube prevents the escape of sound from the contained air to the external atmosphere, and by this means resonance of the contained air, and of the containing tube, is greatly promoted, with the result of a greatly augmented sound. The edge of the hearing-tube sits so easily, and with so little resistance from the water-bag, or hydrophone, that the vibrations which are communicated to it are readily reciprocated, and find none or little of that resistance so fatal to its vibrations when pressed upon a solid body.*

The hydrophone may be employed either in aid of the stethoscope, or as a distinct acoustic instrument by itself. In the case of wooden stethoscopes which are solid, applied to the distal aperture, it is injurious by damping sound; in the case of the hollow wooden stethoscope it is of no material value, for water is an indifferent conductor of sound from a solid body to another solid body, and it may be stated that the hollow wooden stethoscope is more a solid than in air instrument. What it gains as an air instrument from the water, is lost as a solid instrument. In fact, more may be lost in the one way than is gained in the other.

It is in the case of the flexible stethoscope that the hydrophone forms a material aid in auscultation by hearing-tubes. The flexible stethoscope is here meant to signify all stethoscopes into whose construction flexible tubes enter, either forming the whole tube part of the instrument, as in the ordinary flexible stethoscope, or part only, as in CAMMAN'S double stethoscope, or my own differential stethoscope. These instruments are essentially air instruments, and I am glad to say that CAMMAN designated his instrument such when he first made it known; for this corresponds with my own investigations. In the case of all these instruments the intensification of sound by the hydrophone is so material, that I have no hesitation in saying that without its employment their resources are by no means fully made available. To have the full benefit of any one of these instruments, the hydrophone is essential. Respiratory sounds, healthy and morbid, which are audible with the simple flexible stethoscope, are made more audible when the hydrophone is placed under it. Rhonchi and moist crepitation are strikingly augmented. Vocal resonance, solid and cavernous, dry and moist, are in a marked manner

* A fact which I have very lately ascertained appears to me well worthy of being here recorded. It bears directly upon the importance of perfect freedom of the cup of flexible stethoscopes. A cup held rather firmly upon a piece of wood upon which a tuning-fork is placed gives a fainter auditory sensation than when held loose, but the auditory sensation is further and very materially reduced, if, instead of being held firm, the cup be glued to the piece of wood. Here we have perfect continuity, but reduced sound. The explanation is found in the reduced vibration.

amplified. Pectoriloquy, accompanied with much vibration of the chest, is increased in a very striking manner. Murmurs of the heart, usually heard in a mitigated form only by flexible stethoscopes—at least in my experience—are conveyed to the ear so as to produce a very distinct and defined sensation. To sum up, it appears to me that flexible stethoscopes, however ingeniously constructed with twisted wire and other contrivances, are, compared with the simple wooden stethoscope, essentially deficient as sound-conveying instruments, some few sounds excepted; but that the hydrophone greatly counteracts this deficiency, and brings them up much more to the rank of LÆNNÆC's stethoscope. But the inquiry may be made,—What good purpose can the hydrophone subserve under such circumstances, if it can only bring a second-rate instrument nearly up to the position of another? The answer is this,—There are situations and occasions which require the flexible instruments, as is well known, and it is certainly important to render them, defective though they are, as useful acoustic instruments as is possible. It may be possible to place the cup of a flexible tube with a hydrophone under it, where it would be difficult or impossible to employ a wooden stethoscope. In auscultating the sounds of the gravid uterus, or of the fœtus in process of birth, a flexible stethoscope with a hydrophone might possibly afford evidence that would under certain circumstances be very important.

Pulsating tumors of the chest, too tender to admit of the pressure of the wooden stethoscope, or even of the naked cup of the flexible stethoscope, or upon which it might be dangerous or hazardous to exercise pressure, are well auscultated by means of the flexible stethoscope, provided either with a flat ear-piece or a tubular ear-piece to enter the meatus, having the hydrophone placed under it and upon the morbid part. The hydrophone takes up sound from every part; however uneven it may be, it forms a soft water cushion, and it serves, at the same time, greatly to reinforce sound procured without it. In practice, I have on many occasions, with the aid of the hydrophone, distinctly heard murmurs of the heart, of the existence of which I had been in doubt when simply employing the flexible stethoscope.

I have observed that when the flexible stethoscope is employed with the clothes of the patient intervening, as is unavoidable under some circumstances, as, for instance, when time does not admit of undressing, or when the patient would suffer by exposure to cold, the impression made upon the ear by lung and heart sounds is greatly enfeebled, and is very unsatisfactory. This evil attendant upon the employment of the flexible stethoscope, including CAMMAN's double stethoscope, and my own differential stethoscope, is obviated, I may say altogether, by placing the hydrophone under the stethoscope. The reinforcement of the sounds is so great as to be quite surprising, as well as very useful. An examination that would be worthless is, by the use

of the hydrophone, rendered satisfactory. This result is obtained partly by a gentle yet efficient pressure exerted upon the clothes, compressing them into less density by excluding layers of air. But a great portion of the result is due to a more complete closure of the aperture of the instrument, attained by a surface of water covered by thin membrane, than can be secured by one of porous and comparatively uneven cloth, &c.

In the examination of children, the employment of the hydrophone, together with the double or the differential stethoscope, is most satisfactory, and is well deserving of notice here. I believe it to be a very great improvement upon the use of the wooden stethoscope, and well worthy of the adoption of the profession in dealing with children. The intensity of sound procured is nearly the same as in the case of wooden instruments. The cup of the stethoscope fits perfectly upon the water, which it can seldom do upon the sharply-curved chest of infants, and thus much economizing of sound is secured. For the same reasons no irregular pressure is endured. The child suffers no pain, and is spared one great source of restlessness and vociferation. Lastly, the employment of the hydrophone and a flexible stethoscope causes no alarm, as in the case of the wooden instrument, and is very generally the source of much interest and even amusement to the child, who consequently remains in a state of quietude very favorable for the examination of the auscultator. I constantly examine children with the utmost ease and deliberation in this way, whom I should otherwise have to send away after fruitless efforts at auscultation.

The same method of examination, viz. by the hydrophone and the flexible stethoscope, including CAMMAN's double stethoscope and my differential stethoscope, is very valuable in the case of wasted patients. The employment of the wooden stethoscope with such persons is frequently very painful, and is positively cruel. Moreover, as the aperture fits very badly, it is highly unfavorable for the propagation of sound to the ear. Now, the water-pad, or hydrophone, sinks into the hollowed intercostal spaces, and comes into complete contact with the entire circumference of the mouth of the stethoscope, at once collecting more sound, preventing its escape, and obviating the occurrence of painful pressure.

Upon blistered surfaces and parts tender either from internal disease or from external applications, this mode of auscultation is much superior to that by the wooden stethoscope. When an examination by the latter instrument is positively refused, one by the method under consideration is at once permitted, as being altogether painless. Many patients, particularly females with tender and wasted chests, have expressed to me their satisfaction with, and surprise at, this painless mode of examination.

A very slight augmentation of sound, in the case of some sounds,

is procured by placing the hydrophone on the proximal or aural extremity of the ordinary wooden stethoscope, but it is scarcely available in practice.

The bag of water, or hydrophone, as I have ventured to call it, is of service, not only in the case of artificial hearing-tubes, but in that of the natural hearing-tube, viz. the ear. Applied to the naked chest it forms a stethoscope not materially inferior to the best wooden stethoscope, length excepted. When the part auscultated is very uneven or much curved, by fitting well, it excels the wooden instrument in an acoustic point of view. By fitting well, also, upon the external ear of the auscultator, and by closing thoroughly the meatus externus, great acoustic advantages are obtained. The sonorous undulations are freely conveyed to every part of the external ear, the air in the meatus comes in immediate contact with the instrument without the possibility of any sonorous undulations escaping. The sonorous undulations of the walls of the tube and those of the enclosed air re-act upon each other. The water again reciprocates as a sounding-board, and the general resonance is greatly promoted by the thorough closure of the tube. The closure of the meatus is greatly more complete in the case of the water-bag than can be procured by any ordinary wooden disc. The complete closing of the ear, it may be remarked, is useful chiefly by promoting resonance, and not, as has been erroneously taught by some eminent stethoscopists, by excluding other sounds.

The hydrophone forms a great aid to the external ear when the patient is to be examined with his clothes still upon him. As a general rule, good stethoscopists strip their patients for examination, but it may be sometimes desirable to examine through their clothes, as in probably trivial cases, when there is little time, when the patient suffers from cold, or when the examination is only a supplementary one, or a rough observation will suffice. In such an examination the hydrophone proves of great value; a sound which is very indistinct to the ear placed upon the clothes, becomes full and distinct when the hydrophone is employed. Voice sounds, heart sounds, and rhonchi, are greatly improved. Employed in this manner, I am inclined to think the hydrophone is equal, if not superior to the wooden stethoscope.

The water instrument has this material advantage, that it is very readily moved from one place to another—*i. e.* from one part of the chest to another. For example, in examining the back, the whole of the surface may be, as it were, run over without once lifting the head, the hydrophone being shifted with the ear upon it from place to place.

In respect of delicacy, the hydrophone is not without some value, for, in the case of females, the interposition of this instrument meets

the objection to the immediate contact of the ear of the auscultator with the chest of the patient. When the application of the hydrophone gives annoyance from its coldness, this evil may be readily obviated by placing the instrument in warm water, or by otherwise warming it. Minor advantages of this instrument are its portability and cleanliness.

Other liquids, besides water, tend to intensify sound proceeding from solid bodies, and conveyed to the ear by means of hearing tubes, but none experimented upon have given practically better results. Mercury gives an increase, and the character of the sound is heavy and forcible. Thick glutinous fluids, such as treacle and marmalade, and thick oils, give less increase than water; and much of the fine liquid vibrating character of the sound, when passed through water, is lost.

Some solid bodies serve likewise to give a stronger auditory impression when placed upon other solid bodies, when hearing tubes are employed. Layers of paper, such as a pamphlet, layers of gutta percha membrane, and thin slices of India-rubber, lard, and butter, give an increase; but it is much less than is obtained from water. In the case of these solid bodies the augmentation is due to two circumstances: 1st, the exact fitting of the instrument upon them; 2d, the greater amount of its vibration in their case than in that of more solid and resisting bodies. Dr. SIBSON has long employed a stethoscope closed with a thin plate of wood, with the effect of rendering valvular sounds more distinct.

That I may not appear intentionally to ignore anything that has been done by a professional brother, I deem it right to say, that a water stethoscope was invented some years ago; the name of the inventor I have been unable to discover. I have endeavored to find some printed details of this instrument, but have failed. Dr. HAMILTON ROE and Dr. MARKHAM have informed me that they have seen an instrument so called. It is said to be a solid tube filled with water, but I can not conceive it could afford any advantage. If water be made to fill the ordinary wooden stethoscopic tube, I am convinced the addition can only serve to spoil the instrument, for this reason—that water in the interior will interfere with the full vibrations of the wood. It is as an adjunct to hearing-tubes, or employed as the hydrophone, as previously described, that water can prove of service in ordinary auscultation.

Before concluding this communication, I may be permitted to refer to a point which, though not bearing immediately upon the employment of water in auscultation, yet has suggested itself to several professional friends—viz.: the apparent contradiction offered to the sound-propagating properties of water, by the absence or deficiency of respiration and voice sounds in some examples of liquid in the chest, and of heart sounds in examples of effusion in the pericardium

I would briefly remark, that though water is a good *conductor* of sound, second only to wood and other solid bodies, and better in the case of air-tubes as above described, it is yet in many cases opposed to the *production* of sound, and effectually prevents those movements upon which sound depends. A lung pressed upon by water till it becomes impervious to air is not likely to be the seat of respiration sounds, and if they are not produced inside, they can not be heard outside. *Ex nihilo nihil fit*.

Besides this, the circumstances under which the liquid is situated in respect of the stethoscope or hearing-tube are different. The liquid in the chest is separated from the hearing-tube by the whole thickness of the walls of the cavity; while in the case of the hydrophone and of water employed in my experiments, the liquid is brought in immediate, or almost immediate, contact with the aperture of the stethoscope, a condition which, as was stated in a former communication, is essential to the procuring an augmentation of sound from solid bodies by the intervention of water.

PARK STREET, GROSVENOR SQUARE.

ABSTRACTS AND SELECTIONS for the PENINSULAR AND INDEPENDENT.

By M. A. PATTERSON, M.D., Tecumseh.

ON THE TREATMENT OF ULCERATIONS AND OTHER DISEASED CONDITIONS OF THE OS AND CERVIX UTERI

By way of introduction to an article from the pen of Dr. McRuer on the Uterine Speculum, published in the August No. of this Journal we had occasion to allude to the indiscriminate employment of this instrument, in consequence, perhaps, of the general circulation of Dr. JAMES HENRY BENNET'S book, and the hasty adoption of his boldly asserted theories.

From a monthly examination of the periodical medical literature of our country, it is gratifying to learn that the dogmatisms of this European Specialist have been subjected to the rigid scrutiny of some of our most practical and talented physicians, and that this scrutiny is rapidly stripping his book of much that is mischievous in its pages. An overweening fondness for distinction in the field of medical specialism, has the effect of ignoring the part that the general system plays in the production and prolongation of disease, and leads us to expect too much from local, and too little from general treatment.

We have seen this exemplified in the cruel local treatment of that almost mythical affection called "spinal irritation"—also in diseases of the eyes; and the same is unquestionably true of much of the modern treatment for morbid conditions of the uterus; as these mal-

adies are not unfrequently merely symptomatic of some constitutional disturbance, remote from the supposed cause, which the speculum can not detect, nor the caustics remedy. The following remarks on this important subject are entitled to consideration:

When we examine all that has been written on this subject during the last ten years, and find, on the one hand, authors of unquestionable authority contending that disease of the os and cervix uteri is of extreme frequency, and that to it may be referred almost all the morbid sensations and conditions which occur in the female from puberty upwards, while, on the other hand, writers of equal weight and eminence insist that disease of the neck of the womb is of comparatively rare occurrence, and when present, that it is an affection attended, most commonly, with no other than local symptoms, and these of no decided prominence, while the general system is implicated only when the morbid condition of the uterus is very extensive, has been of long duration, or is of a malignant character—we can only reconcile this striking discrepancy—this direct opposition of opinion, upon the supposition that the same terms are made use of by the supporters of the two positions in very different senses. In no other manner can the remarkable discordance in their respective statements be accounted for, consistent with the supposition that they both deal in facts, based on observations in the truth of which they honestly believe. For it is to be recollected that they both predicate their opinions upon the results of actual observations made by them by means of the metroscope.

Notwithstanding, however, the different and dissimilar views entertained by recent writers in respect to the frequency and importance of ulceration of the os and cervix uteri, Dr. McRuer believes that a calm and unprejudiced observer may still be able to glean, from the conflicting testimony advanced, some important pathological hints, and valuable therapeutical indications. Thus, from Dr. BENNET's admissions, he considers we are warranted in inferring the two following important facts in *opposition to his theory: namely, the trivial character of his so-called ulcerations; and their dependence upon constitutional and other maladies.*

That simple ulceration of the uterus can not be so formidable a malady as it is maintained to be by certain writers, Dr. McR. infers from the following facts:—

“In cases of procidentia, it is not uncommon to see the os and cervix honey-combed, as it were, with deep, ragged ulcerations, and it may be remarked here that all authorities who have written on this displacement admit that when the parts are returned to, and kept in, their natural position, and the patients observe a recumbent posture, with the occasional use of mild astringent washes, these really true *local* ulcers usually become soon cicatrized, and regain a perfectly healthful condition, without resorting either to the speculum or to the caustic.”

From the facts and considerations adduced in the essay before us, Dr. McR. believes the conclusion to be almost irresistible that an affection which exists under every variety of symptom, some contradictory to such as usually attend upon ulceration in other parts, and even in the same parts, and at times giving rise to no symptoms whatever, must be rather a concomitant of various primary affections than a disease *per se*, and that it does not constitute a morbid centre from which irritations radiate to disturb and affect distant organs.

Dr. McR. believes that from constitutional disturbance, the secretions of the mucous membrane of the uterus, and especially from the glandular

portion of the neck, become vitiated in character, and by their corrosive properties, irritate the surfaces with which they come in contact, producing those excoriations which are oftentimes attendant upon similar affections in other parts of the body: on the cheek from epiphora; on the nares and upper lip from coryza; on the glans penis from blennorrhagia; and on the rectum of children from mucous diarrhœa.

"In regard to the therapeutics laid down by both parties in this controversy, as the most judicious in cases of chronic leucorrhœa, attended or not attended by local lesions of the cervix, there is," Dr. McR. remarks, "no great difference of opinion, except so far as a resort to *destructive* cauterization is concerned, and the necessary and repeated introduction of the speculum; for it is agreed by all parties that absolute rest of the parts concerned is essential to their return to a normal state; consequently, all mechanical irritations arising from sexual congress, or sudden, violent, or prolonged movements of the body, ought to be avoided. It is neglect of this single requirement that, more than anything else, has prevented recoveries in the early stages of leucorrhœa, before any local abrasion whatever had manifested itself. Cleanliness of the vaginal passage, maintained by emollient and cooling washes, giving to them an astringency when the profuseness or liquid character of the discharges seems to require it, is another of the means which are recognized by the experience of all practitioners as requisite in the successful treatment of these affections. Attention to the general health is another important *sine qua non* in the treatment of lesions of the os and cervix uteri, or even of the vaginal passage. All causes tending to divert or confine the circulation to the pelvic viscera ought to be avoided and removed, such as long continued standing or sitting, as such positions favor gravitative congestions in the parts concerned; and consequently the vessels ought to be often relieved, by occasionally adopting a horizontal position for a short time during the day. Constipation, or the lodgment of hardened fœces in the rectum, prominently comes within this category; but the measures used to remove this cause of congestion ought not to be such as to leave behind their operation an irritability equally as far removed from health as the congestion which they are designed to relieve. All drastic purgatives, therefore, especially those containing aloes, should be prohibited, and the necessary soluble condition of the bowels secured by attention to diet, the occasional use of tepid water injections or the mildest laxatives, and the strength sustained by a judicious selection of tonics, and as generous a diet as the patient can assimilate."

"A persistence for two or three months in a treatment embracing the principles just adverted to, choosing such particular remedies to fulfil the required indications as each individual case may seem to demand, modifying the persistence or activity of the treatment conformably with the constitutional idiosyncrasies of the patient, all of which can not be precisely defined, but must be left to the judgment and discrimination of the attending physician, will, in most cases, remove the malady. But should the symptoms attendant upon chronic leucorrhœa persist, in despite of the treatment thus laid down, then a resort to stronger local applications may be proper, from the supposition that local abrasions may complicate the case. Injections *per vaginam* of solutions of sulph. zinc, or decoctions of oak or Peruvian bark, daily used after the tepid water washings, or a solution of nit. argent. of the strength of gr. vj to xij. to $\frac{3}{4}$ j. of distilled water, may be advantageously substituted once a week, it being not the destructive, but the *antiphlogistic* or *vital modifying* effect of this agent that is required in such cases, as has been so admirably described and enforced both by M. ANDRAL and Prof. MEIGS."

From the facts and arguments he has adduced, Dr. McR. feels warranted in presenting the following propositions as those fully substantiated by the testimony of the most eminent observers in different parts of the world, and corroborated by legitimate deductions derived from the application of well-established principles in physiology and pathology to the phenomena connected with the diseased condition in question.

"1. That 'ulceration' is a lesion presenting an excavation or solution of continuity, produced by a molecular death, the lifeless elements being absorbed back into the circulation through the action of the absorbents, and is generally the result of a constitutional cause; while abrasions and excoriations are produced either by mechanical or chemical agents — by the attrition of foreign bodies, or the escharotic effects of morbid secretions, usually the product of other parts, and coming in contact with the ulcerated surface.

"2. That while abrasions or excoriations are of frequent occurrence on the cervix uteri, especially in the pregnant female, ulceration rarely exists on this part, excepting from *mechanical or specific causes*; and that all of these lesions, when not of especial character, are of themselves of trivial importance, only demanding by their complication with other more important diseases, the serious attention of the medical practitioner.

"3. That the demonstrative use of the speculum, or the direct application of caustics, is seldom justifiable or required in the diagnosis or treatment of diseases of the cervix uteri; for that tactile demonstration is more to be relied upon than specular examination, and that the application of caustic agents for the cure of simple lesions ought never to be made *destructive*, but only to produce a modification of the molecular action of the parts diseased, and that this can be done by carefully using solutions of a strength sufficient to produce the latter effect on a denuded surface, without the possibility of endangering the adjoining healthy parts whose epithelial covering has not been destroyed.

"*Finally*: That as abrasions, excoriations, and ulcerations of the cervix uteri are, in a great majority of cases, the results of constitutional disease, or functional derangement, therefore the treatment of these lesions, to be permanently successful, must be principally directed to the general vitiation, or the physiological disturbance; and that to pronounce the local affection a disease *per se*, is to encourage a practice which, while it does not remove the organic evil, subjects the patients to a greater injury by doing violence to their moral sensibilities."

[*Am. Journ of the Med. Sciences.*

RAW MEAT IN THE DIARRHOEA OF CHILDREN.

We are assured that the following articles on the efficacy of raw meat in the colliquative diarrhoea of children will be read with interest. We have recommended raw meat as proposed by Dr. WEISSE, and some of our little patients have rapidly improved under its use. They generally prefer the scraped or grated meat, slightly salted; and this addition will tend to remove any fancied apprehensions arising from the supposed introduction, with the raw meat, of undeveloped parasites, and their ultimate growth in the alimentary canal. Salt is regarded by all mothers as "good against worms."

Raw Meat in Diarrhœa.—Our readers have, doubtless, not forgotten the interesting history of the two little twin daughters of a wealthy Mulhouse merchant, who had been reduced by unconquerable diarrhœa to the last gasp of life, and who, fed with the pulp of raw meat, returned, in a few months, to a state of perfect and robust health. Many facts have, since then, confirmed our confidence in the value of this Russian mode of treatment. Mr. TROUSSEAU never allows an opportunity to escape of recommending it, and of pointing out the best manner of rendering it both useful and acceptable.

The meat best adapted to the purpose is the fillet of beef; some patients, however, prefer the centre part of mutton chops. It should be cut fine, pounded in a mortar, and strained through a sieve or cullender. The pulp, thus separated from the cellular texture of the muscular substance, is then gathered with a knife, and rolled in salt or powdered sugar, or mixed with currant-jam.

One of Mr. Trousseau's grandchildren would take it only when mixed with racahout, a farinaceous compound of cocoa, ground rice, and potato-flour, sweetened, and flavored with vanilla. Mr. Trousseau causes it sometimes to be rolled into small salted balls, of the size of a hazel-nut, or in little oblong gobbets, which may be administered in soup, to the number of thirty or forty, equivalent to four or five ounces of meat pulp. In grown persons, and particularly with ladies, the physician will probably meet with a repugnance, which he must overcome by concealing the repugnant character of the medication. For this purpose, some appearance of cooking may be imparted to the food, by exposing a thick slice of the meat, for twenty minutes, to the action of a brisk fire; its surface is thus roasted, the interior parts remaining raw, and being then treated as we have said. Mr. Trousseau has thus caused to be prepared by Mr. Mialhe (one of the principal apothecaries of Paris) meat-pulp combined with confection of roses, destined for delicate stomachs, which is taken without disgust, and even with pleasure, under the agreeable denomination of Damascene Preserve.

In children, the dose of raw meat, the first day, should not exceed $2\frac{1}{2}$ dr. in four meals. It may be doubled on the second day, and on the third attain eight drachms; and so on, without any other additional food than albuminous water. It is easy to measure with precision the quantity administered daily, by means of a small balance and the current coins, the weight of which is well known—the franc being equivalent to one drachm, and the five-franc piece to six drachms. The dose may be carried as far as ten or twelve ounces, and the children gradually recover their good looks, their plumpness, and spirits. At the end of a month or six weeks, when diarrhœa has entirely ceased, the quantity of raw meat can be gradually decreased, and broth or underdone eggs can be substituted, so as to reduce the dose of meat to three or four ounces daily.

It is necessary to be aware that, at first, when already the nature and abundance of the diarrhœa has undergone a favorable change, the motions are red and fetid. In one of the little Mulhouse patients we above referred to, this animal diet appeared to have occasioned the developement of tape-worm, a parasite commonly met with in Abyssinia, where the natives feed on raw meat; but this kind of nutriment not being so long persevered in, generally, as was the case in the instance of the little girl alluded to, this circumstance must be considered exceptional and cannot counterbalance the decided benefits yielded by the Russian method of treatment, in cases of chronic disturbance of the bowels, and especially in the unconquerable diarrhœa which children are subject to in their second year.

[*Journ. Pract. Med. and Surg.*, Paris.]

Retrospect on the use of Raw Meat in the Diarrhœa of Weaned Children. By Dr. J. F. WEISSE, Director of the Children's Hospital at St. Petersburg.—Seventeen years have now elapsed since I first directed the attention of the profession to this invaluable remedy in the above disease; but it was not until I had five years later treated of the subject at greater length, that it came into more general use. Soon after the publication of the latter paper, I received from the esteemed editor of the *Journal* just now quoted, Dr. Behrend, of Berlin, a letter containing the following passage: "You have no idea what interest your communication on diarrhœa ablactatorium and on the use of raw meat has excited; we now use the remedy extensively."

Not long after, Dr. Behrend inserted in the sixth volume of his *Journal* a letter of M. Marotte, Physician of the Central Bureau of the Parisian Hospitals, from which it appeared that this subject had attracted great attention also in the French metropolis. The author of this letter, which is addressed to Dr. Trousseau, has moreover had the kindness to suggest a theory explanatory of the results I have obtained. From this time the meat cure was generally received, and its utility admitted on all sides. Of the numerous favorable reports recently published, I can not forbear literally transcribing that contributed by Dr. Eichelberg, because the author has given to the subject the appreciation it deserves. He says: "In consequence of the shortness of the time which has elapsed since this article of diet was first recommended, I have, it is true, only a limited number of observations (somewhat more than twenty) before me, but they all corroborate the remarkable advantages of the plan proposed. It is only in exceptional instances that such children refuse raw meat—the great majority, in fact, consume it with manifest relish. I have observed two very striking cases where the children for several weeks readily partook of this food with the most beneficial results, and at the end of that time suddenly refused it. Natural instincts seems in such examples to be unmistakable, as in the case of sick dogs, which eat grass. The want of osmazone made the children greedily consume the raw meat, but, with the cessation of the want, the desire for that principle disappeared."

As Herr Eichelberg, moreover, has expressly indicated the diarrhœa which sets in soon after the weaning of children (according to my observations usually in two or three weeks after that event), as the affection in which the raw meat cure is attended with certain success, so I have also, in recommending this mode of treatment, confined myself to the same disease; and now, after nearly twenty years' experience, maintain, that raw, scraped beef, to the exclusion of all other medication, is a true specific in this destructive diarrhœa. I therefore consider a remark made by Charles Hogg, in recommending the well-known "beef-tea" of the English, to be quite erroneous. Thus he says: "Beef-tea is an excellent, nourishing, and easily digestible article of food, and completely replaces the juice of meat recommended by Weisse, of St. Petersburg, obtained by scraping raw flesh." I have in raw beef discovered, not an article of food for children, but a remedy against the diarrhœa in question; nor have I spoken of the juice to be obtained by scraping meat, but the muscular substance itself must be given to the children, having, however, previously been sufficiently comminuted, either by scraping with a knife, or by means of a grater, in order that it may be swallowed without trouble. But the point is, that the muscular substance itself, and not merely its juice, should be conveyed into the digestive tube. The English beef-tea has as little beneficial effect on diarrhœa ablactatorium as Liebig's excellent decoction of meat. Both these fluid aliments appear, precisely because they are fluid, to pass too quickly through the intestinal canal; while the meat in sub-

stance remains longer in the tube, and by its mechanical irritation may stimulate digestion, and it may, perhaps, also neutralize the acidity of the gastric juice. Nor can I participate in Dr. Beer's sanguine hope that raw grated beef may be destined one day to dislodge cod-liver oil from the *Materia Medica*. Each of these excellent remedies has its definite sphere of medical action in the diseases of children; raw beef in the diarrhoea ablatatorium, cod-liver oil in rachitic affections, with and without atrophy.

In St. Petersburg, the meat cure in the affection of children under consideration has become, so to speak, completely naturalized; and this has taken place rather through oral communication, and in consequence of the favorable results of the treatment, than from any paper or essay, as I have never published anything in that capital upon the subject. Most of my colleagues have now for several years made use of it, and they all assure me that they have obtained very satisfactory results, even in cases where the employment of other established remedies appeared to hold out no hope of cure. I have myself seen this treatment adopted in about two hundred children, and, in the majority, with the desired effect, provided recourse was had to it at the proper time. I say, at the proper time, for if the disease has already advanced too far, and, particularly, if it has assumed the form of the so-called *gastra-malacia*, it is only in exceptional instances that we shall obtain a cure. But even in this case there is no other remedy so calculated to allay the most tormenting symptoms, the tantalizing thirst, and the vomiting, as the raw beef. This beneficial effect is produced even after a few meals.

But it has recently been stated, as I have already publicly remarked, that in many children saved by the meat cure, tape-worm, and it is worthy of note, always the *tænia solium*, that is precisely the species which is not indigenous in St. Petersburg, has shown itself. A Dr. Braun has felt himself called upon to question this statement; two years later, however, an undoubted authority on this subject appeared in favor of the facts reported by me. Prof. D. Von Siebold, of Munich, says, in the last page of his interesting work, "*Über die Band und Blasenwürmer*," Liepsic, 1854: "We can no longer be surprised, or consider their statements fabulous, when physicians report that tape-worms have been found in certain patients after the use of raw meat prescribed as a remedy;" and in the note upon this passage he adds: "Compare on this subject Weisse's communications, which, notwithstanding Braun's objections, are worthy of all credit." Herr Von Siebold directs particular attention to the fact that in every instance it was the *tænia solium* which was passed: and he considers it probable that this species of tape-worm, which is not indigenous in St. Petersburg, may have been conveyed thither in the undeveloped state in the flesh of oxen, brought from Tcherkask and Podolia.

Only a few weeks before my departure from St. Petersburg, in June of the present year, a tape-worm, more than four feet long, was sent to me by a colleague, to whom I had warmly recommended the meat cure in the case of a child, aged eighteen months, who had suffered from the diarrhoea in question, and was already very much run down, which worm was passed after the use of the ethereal oil of male fern. This remedy was administered in consequence of the child, who had long ceased to get the raw meat, and was cured of the diarrhoea, having repeatedly passed joints of tape-worm. The attendant physician had already correctly diagnosed the worm to be the *tænia solium*; I found that it was voided with the head, on which the suckers were plainly distinguishable under the microscope.

I should not omit to state, that in the Children's Hospital under my care, in the diarrhoeas of older children, into which the element of dentition no longer enters, and which so largely contribute to fill the lists of

mortality, raw meat has been repeatedly and successfully tried. These cases of diarrhoea generally depend upon ulcerations in the intestinal canal.

Lastly I may be allowed to call the attention of the meeting to as palatable a remedy as raw beef, in the lientery of adults; I allude to oysters. In two cases, an amount of experience, which, I must admit, goes for nothing, I saw the patients cured by the moderate use of these mollusca. From eight to twelve oysters were taken daily in two meals.

[*Journal für Kinderkrankheiten*, Jan. and Feb., 1858.]

TREATMENT OF DIABETES.

Dr. CALHOUN of St. Charles, Mo., writes to the Editor of the *American Journal of the Med. Sciences*, that he has successfully treated Diabetes, particularly in old subjects by—"Forbidding the use of fluids except in small quantities, and enjoining the use of solid food and the observance of quietude. I direct the following powder to be taken three times a day, viz: Pulv. Doveri, gr. v. acetab. plumbi, gr. iij; sulph. quin. gr. ij. If necessary the bowels are to be kept gently open with ol. ricini. I have never found it necessary to continue the above treatment more than four or five days."

ALUM ON BOUGIES IN STRICTURE.

Dr. E. MASON, Resident Physician of the Infirmary of the Med. College, Va., details, in the *Va. Med. Journ.* for August, a case of double stricture of the urethra, of nearly four years standing, produced by gonorrhoea. The first stricture "about four inches from the orifice of the urethra, yielded in a few days to ordinary general and local treatment; the second stricture, some three or four inches above the first, proved obstinate until bougies dipped in alum were used. The very first attempt was successful, when every other admissible means had failed." Dr. M. does not explain the rationale of the treatment.

MASTIC IN NOCTURNAL INCONTINENCE OF URINE.

Of late, several writers have spoken favorably of belladonna in this troublesome affection. We notice an article in the *N. Y. Journ. of Med.* translated from the *Bull. de Thérap.* proposing, on the recommendation of M. DEBOUT, the following remedy—"Formula;—Tears of mastic 3 viij, simple syrup q. s., to form into 64 pills; or if the child swallows badly the mass may be divided into 128 pills, or the mastic may be made into an electuary with honey. However this may be, if the child is more than ten years old it must take the whole quantity in four days, *i. e.* 3j. morning and evening, two hours before or after a meal. For younger children the dose is diminished, so as to extend the 3 viij over six or eight days. If a cure is not operated by the first

batch, a second must be given in the same way, but there is no use in going on further. In more than two-thirds of the cases in which it has been used, the cure has been complete, and that in persons from 18 to 24 years old, who had suffered from the affection from infancy. The powder for nocturnal incontinence of urine in children said by Dr. FAURE—*Bul. Gen. Thér.*—to be generally followed by a cure in eight or ten days, is prepared as follows: "Carbonate of iron fifteen centigrammes; extract of belladonna, three centigrammes; powdered nuxvomica three centigrammes. This dose to be taken daily."

TANNIN IN LARGE DOSES IN ALBUMINOUS ANASARCA (*Arch. Gen. de Med. — Med. Chir. Rev.*).

The conclusions drawn by Dr. GARDNER are that tannin employed in doses of from two to four grains a day, (3js. to 3j.) cures anasarca or oedema developed passively, and occurring simultaneously with albuminous urine; that its curative action is manifested by abundant urine gradually resuming its physiological characters, by perspiration, easy alvine evacuations, return of appetite, etc.; that these signs appear from the second day of the administration of the tannin; that given in solution of doses of from twenty to fifty centigrammes at a time, tannin causes no unfavorable symptoms affecting the digestive passages; and lastly that the action of tannin appears to be exerted primarily upon the fluids of the economy, the albuminous principles of which it coagulates and renders plastic, and that its consecutive action on the solids appears to be tonic and astringent.

BIBRON'S ANTIDOTE.

The journals continue to confirm the favorable opinions heretofore expressed of the power of this remedy as an antidote for the bane of poisonous reptiles. Dr. HEERY, of Atlanta, Geo. (*Med. and Surg. Jour.*), speaks of its prompt success in the case of a negro bitten on the ankle by a large rattle-snake (*crotallus confluentus*).

The antidote in question is prepared as follows: "℞. — Potassi iodidi grs. iv; hydrarg. chloridi corros. grs. ij; bromini 3v.—M. Dose gtt. x. in two tablespoonsful of brandy, repeated if necessary.

HÆMOSTATIC PROPERTIES OF PERCHLORIDE OF IRON.

The solution of this persalt is now almost universally employed to arrest arterial or venous hæmorrhage, resulting either from accident, or as a consequence of surgical operations. It has also been found useful in intestinal and other internal hæmorrhages where the bleeding had resisted the ordinary remedies.

In gonorrhœa and leucorrhœa injections of the perchloride have been tried with success in weak and lymphatic subjects, the proportion of the perchloride being twenty drops to three ounces and a half of water.

[*Abstract from Lancet.*]

MORTALITY FROM WHOOPING-COUGH.

Infant mortality from whooping cough is often a puzzle to the faculty. A provincial practitioner at Baziere suspected that this internal organism was simply the consequence of suppressed cutaneous eruptions, and by cultivating an external rash he has found it to yield invariably. The eminent Professor VELPEAU of Paris has stamped his discovery with approval.

[*N. Y. Med. Press.*]

WHITE LEAD PAINT IN CUTANEOUS MALADIES.

Mr. ALFRED FREER (*Dublin Hospital Gazette*) calls attention to the value of the common pigment, white lead in oil, in treatment of erysipelas, carbuncle, furuncle, etc. He states:

I first became acquainted with its great efficiency in the treatment of erysipelas by my late father and my brother. It is in this disease that the most striking benefit results from its application. I have never yet met with a case of this nature where it has not done immense good. I find it far superior to lead lotions, mucilage, hot fomentations, nitrate of silver, or collodion. After erysipelas, the paint proves of the greatest service perhaps in eczema in its several forms. In chronic eczematous eruptions of the aged, it affords much comfort, and often speedily effects a cure. Of late years I have extended its employment to other complaints of the skin, including herpes in its several forms. I have tried it in some cases of small-pox, with the view of diminishing the number of vesicles on the face, and of controlling their size; the latter indication it seems likely to fulfil, but I can not speak with confidence about the former, the papules being already numerous at the time of my visit. I have also used it in several cases of carbuncle and furuncle. The first was in an instance of a huge carbuncle situated on the loin of a man, and rapidly extending, notwithstanding free incisions, linseed poultices, and appropriate constitutional treatment. I applied a thick, wide circle of paint round the swelling, and dressed with resin ointment and cotton wool. There was no advance of the disease from that time, the centres rapidly broke up, and recovery took place. It is, however, probable that the omission of the warm poultice may have contributed to the improvement, for I have often observed that warm poultices, however well made, seem to foster and spread carbuncular inflammations.

The paint seems to act in two ways: first and chiefly, as an efficient excluder of the air—that great irritant to the cutaneous surface when disordered; and secondly, as a direct sedative to the sentient nerve filaments, rendering them less prone to become involved in inflammatory action. In boils it relieves the painful tension, and favors resolution. In some forms of painful ulcers of the leg, of a small size, it gives great relief. In galling of the skin, where anasarca is present, it is also of use; and is the best application that we have in burns of the first and second degree. But it is in erysipelas that its triumph is most manifest; the patient soon finds the

comfort of it. The tight, shining skin soon becomes wrinkled and shrunken, indeed, the inflammation very rarely extends after the second or third painting.

All my friends to whom I have recommended the pigmentum album speak highly of it, and one, who is a Surgeon in the Peninsular and Oriental Company's service, has used it for the last two years with great success. The manner of applying it is by means of a feather, painting the affected parts and a *little beyond*, and laying on a fresh coat every two hours or so, until a thick layer is obtained, and then sufficiently often to maintain a covering. In erysipelas it peels off in a week or so, with the shed cuticle, leaving beneath a smooth, clean, healthy surface. Patients are struck with the benefits they derive from its employment.

PREPARATION OF OPIUM IN FRANCE.

M. ROUX, Professor of Botany at the Naval School of Rochefort, has just sent in an interesting paper to the Academy of Sciences on the cultivation of the poppy in France for the purpose of extracting opium. His first researches on this subject date from 1851, but were more especially continued by him during 1856, 1857, and 1858, on eight different kinds of poppy. His results are stated as follows: — 1. The Indian poppy furnishes a considerable quantity both of opium and seed; the cultivation of this vigorous species might be tried in those departments of France where the oil of the black garden poppy is a staple produce. The Indian poppy may be easily acclimatized in France. A quantity sown in October, 1857, has succeeded perfectly, and the young plants resisted a cold of 10 degrees centigrade (18 degrees below Fahrenheit's freezing point) in the following winter. This cold proved equally harmless to the white, black, and red species, which were sown at the same time. 2. The two latter produce the best opium, and their juice is much richer in morphine than is the case with the opiums of commerce. 3. A man can collect 100 grammes of opium in fifteen hours; and if women and children, who are so often in want of employment in the country districts, were employed on this task, the opium necessary for medical purposes might be entirely grown in France. 4. The growing of opium might become very profitable in France, where poppy-oil is manufactured to the amount of from 25,000,000f. to 30,000,000f., and where it would, consequently, be easy to add a new branch to that trade by the extraction of opium; and it might even, in course of time, become an article of exportation. Home-grown opium has been tried, at M. Roux's request, by M. DUVAL, first chief Navy Surgeon at Brest, and found to answer very well, owing to the quality of morphine it contains.

MEDICAL ADMINISTRATION OF OZONIZED OILS.

In a paper read before the Royal Medical and Chirurgical Society, on Tuesday the 28th of June, Dr. THEOPHILUS THOMPSON, after some general remarks on the properties of ozone, describes the results obtained from its

administration in association with oils; the oils being ozonized by exposure for a considerable time to the direct rays of the sun, after previous saturation with oxygen gas, according to the process adopted by Mr. DUGALD CAMPBELL. The cases of fourteen consumptive patients to whom the ozonized oils were given are detailed; and the principal facts noted are also appended in a tabular form. The conclusion to which these experiments point is, that the administration of ozonized oils has a remarkable tendency to reduce the frequency of the pulse. Of the fourteen patients whose cases are detailed in this communication, there are only two in whom no such effect was observed; and although in a few instances the effect may have seemed insignificant or transient, in a larger proportion it was very considerable, and must be attributed to the ozone rather than to the oil, since it was repeatedly manifested in patients who had taken cod-liver and other oils without any reduction, or even with an acceleration, of the pulse; and further, the effect on the pulse was nearly as distinct when the ozone was associated with the oil of the cocoa-nut, or of the sunflower, as with that of the cod-liver. This circumstance is more significant, since administration of sunflower oil without ozone has not appeared to the author to manifest any important remedial power. The reduction of pulse was usually observed in two or three days, and often continued progressive. A reduction of twenty beats was observed in certain cases to occur respectively in two, three, four, and six days; in other instances a reduction was noted of twenty-four pulsations in fourteen days, thirty-four in thirteen, thirty-six in twenty-two, forty in eleven. In one patient the pulse fell as low as sixty—probably considerably below the natural standard; but in most of the favorable instances the reduction stopped when that standard was obtained. The apparent effect of the remedy is one which, prior to experiment, the author would not have anticipated. No other obvious result was noticed, excepting a general improvement in the patient's condition. In some of the patients the use of simple and of ozonized oils was alternated. In one case the alternation was made three times, and the result was, in each interchange of treatment, so direct and remarkable as to make that particular example equivalent in force to three experiments. In addition to the patients under his own observation, the author refers to four instances noted by Dr. SCOTT ALISON, who obligingly pursued the investigation during Dr. THOMPSON'S absence from the Hospital. In these four cases, the disease was in the third stage. In two, a remarkable reduction in the rapidity of the pulse, amounting to about twenty beats, occurred under the use of the ozonized oil, while the improvement induced could not be referred to any other cause. Dr. ALISON remarks: "I attach some value to this observation; for I prescribed the oil, totally divested of all prejudice in its favor, and I have always been reluctant on imperfect grounds to refer results to the operation of medicines. If ozonized oil can reduce the rapidity of the circulation—a feature of great prominence in phthisis,—this remedy possesses a most valuable property, rendered still more

valuable by its contributing at the same time to improve the general health." The author mentions having used ozonized oil of turpentine with marked and prompt advantage in some cases of hæmoptysis, but has not sufficiently repeated the experiment to feel entitled to express an opinion as to its remedial superiority over ordinary turpentine. He adds that, should more extended observation establish for ozonized oil the property indicated by these experiments, it will prove a valuable addition to our list of remedies, especially in consumption (which is a disease peculiarly characterized by hurried action); but not, perhaps, exclusively in this disorder, since there are other morbid conditions in the treatment of which it is very important to lower the pulse without reducing constitutional strength. [*Lond. Phar. Journal.*]

EXPERIMENTS ON THE PHENOMENA OF RESPIRATION.—BY DR. E. SMITH.

In this paper, the author describes the quantity of carbonic acid expired, and of air inspired, with the rate of respiration and pulsation in reference to the whole day and night, the variations of the day with and without food, and the variations from day to day, and from season to season. The total quantity of carbonic acid expired in the twenty-four hours was determined in four gentlemen, in eight experiments, some of which were continued for eighteen hours, with short intervals for meals only; and others were made at the beginning of each hour and half-hour during that period. The quantity of carbonic acid exhaled in the six hours of the night is 1950 grains, and the total amount of carbon exhaled in the twenty-four hours at rest varied from 5·16 to 7·144 ounces in the different persons. The effect of walking at two and three miles per hour is found to be equal to 1·4-5 and 2·3-5 times that during rest; and by making a computation of the amount of exertion made by different classes of the community, the author finds that in the non-laborious class the carbon was increased from 7·144 ounces when at rest, to 8·68 ounces, and in the laborious class to 12·19 ounces daily. During profound sleep, the amount of carbonic acid is lessened to the extent of half of that of the average of the day. The variations of the day with food are so great that the maximum is one-half more than the minimum, and in one gentleman it was nearly double the minimum, the greatest occurring after each meal, but particularly after breakfast and tea, and the least immediately before the meals. During a fast of twenty-seven hours, the minimum quantity was maintained almost without change during the whole period of wakefulness, but there was a rise at the periods when the quantity usually rose with food. The quantity of carbon evolved in twenty-four hours without food is 5·923 ounces instead of 7·144 ounces without food—a quantity equal to that contained in 20 ounces of bread. The blood and the secretions become

unusually alkaline. The variations from day to day were due to temperature and the state of the system. Sudden increase of temperature caused a sudden decrease in the respiratory changes, which continued until the temperature rose. This was an ever-acting cause of variation, but was the greatest after the cold of the winter. The state of the system caused by changes in the proportion of waste and supply, varies the quantity of carbonic acid evolved on the following morning. A good night's rest, a feeling of health, good supply of food, and not too much exertion, give an increase on the following morning (hence there was usually a high state of system on the Monday), and the reverse under the contrary conditions. As these conditions vary from day to day, the amount of carbonic acid evolved varies every day. The variations which are due to season are very remarkable and important, since it was shown that the respiratory changes vary from season to season in a definite and periodic manner, and so that the greatest changes occurred in the cold season, and the least in the hot season, and with definite periods at which this variation begins.

Dr. SMITH also shows the amount of carbonic acid evolved with the exertion of the treadwheel. [*Proceedings of the Royal Society.*]

SOLUBILITY OF ALKALOIDS IN FAT OILS.

At ordinary temperature, 100 parts of olive oil dissolves,—

Morphine	0.00
Narcotine	0.25
Cinchonine	1.00
Quinine	4.20
Strychnine	1.00
Brusine	1.78
Atropine	2.62
Veratrine	1.78

The solubility of alkaloids in fixed oils is of great use in practical medicine. Very often ointments are used, into which enter extracts of belladonna, hyosciamus, cinchona, etc. Perhaps effects more sure and precise would be obtained if oily solutions of the alkaloids, to which the ointments owe their properties, were used.

Glycerine, as we know, possesses the property of dissolving certain vegetable alkaloids. The oleoles like the glyceroles can certainly render very great services in practical medicine. It is to be desired that their use should be more widely spread. — *Druggist.*

FŒTID BREATH. BY J. PIDDUCK, M. D.

The subject of foetid breath and its kindred annoyances, foetid perspiration, particularly that of the feet, is of too much importance

to the happiness of the sufferers from this cause, and their friends, to be passed over lightly. I am induced to send you the result of my observations upon it:

A foetor of the breath and of the feet alternates the one with the other. The arrest of foetor of the feet is followed by that of the breath, and *vice versa*.

A foetor of the breath proceeds from the subaceous follicles of the tonsils; that of the feet from the subaceous follicles between the toes, also in the armpits and illia. This in some cases is so penetrating, so offensive, as to cause the subject of it to be shunned even by the members of his own family. Several cases of this kind have been successfully treated as follows:—

1. To avoid all strong scented articles of diet, such as cheese, hashes, meat puddings and pies, smoked meats and smoked fish, fried meats and fried fish, and the outside brown fat of roast or boiled meats.

2. To promote the subaceous secretion, the vapor-bath has been prescribed; and, as an alterative, the decoction of polygala senega-root.

TONIC PROPERTIES OF HYPOPHOSPHITE OF QUINIA.

Dr. ARCHER B. COOK, of the University of Louisville, has been employing this salt, introduced by Prof. J. LAWRENCE SMITH, in some cases of Phthisic. He gives it the preference, as a tonic, stomachic and ante-hectic over the other salts of hypophosphian acid.

Pharmaceutical Department.

Combination of Iodine with the Extractive Principle of Vegetable.

Vegetables, to whatever class they belong, whether tannifers or not, possess the singular property of assimilating iodine, and forming with this metalloid a true combination. According to some researches which I have made upon these different transformations, the presence of tannin appears to me not indispensable. I have made a number of comparative trials, I have employed vegetables which, according to chemical analysis, do not contain any or contain very little tannin, such as menyerthes, licorice, tobacco, etc.; on the other hand, I have chosen substances eminently astringent, such as catichu, snakeroot, rhatany, etc., etc. The results have been the same, that is to say, that in the one as in the other case I have been able to combine enormous quantities of iodine.

The proceeding that I employ permits of obtaining products, always identical, that can serve as the foundation of a crowd of pharmaceutical preparations, such as pills, sirups, extracts, pastels, etc. etc., from which the art of medicine can draw means useful for combating certain affections. For the rest it is for practitioners to judge for themselves.

Here are many formulas which I give as types:

Iodated Syrup of Curacao.

Alcoholic extract of curacao	.	.	.	.	.	30 grms.
Pure Iodine	.	.	.	.	1 gm.	60 centing.
Alcohol of 86°	.	.	.	.	.	98
Concentrated sirup and sugar	.	.	.	.	.	870 grms.

Iodated Syrup of Walnut Leaves.

Extract of walnut leaves	.	.	.	.	.	60 grms.
Pure iodine	.	.	.	.	1 gm.	60 centig.
Alcohol	.	.	.	.	.	q. s.
Sirup and sugar	.	.	.	.	.	940

Iodated Pastels of Chocolate.

Iodated extract of curacao	.	.	.	.	.	15 grms.
Vanilla chocolate	.	.	.	.	.	485

Mix and make into pastels of about 1 gm.

Fifteen grammes of extract contains two grammes and fifty centigrammes of iodine. Each pastel consequently contains half a centigramme of iodine.

The iodated sirup of hops, gentian, cinchona and saraparilla may be prepared in the same manner.

[*Jour. de Chim. Med. and The Druggist.*]

Process for Silvering Animal, Vegetable, or Mineral Substances.

The process, of which we have already said a word in the *Moniteur Scientifique*, is founded upon the electro chemical action exercised by certain liquors in which the objects to be silvered are plunged. Here is the mode of preparation of these liquors.

Liquor No. 1.—Take two parts by weight of caustic lime, five of sugar of milk or grape sugar, two of gallic acid, and make of them a mixture in 650 parts of distilled water; filter, protected from the air as much as possible, and put in a closely stopped bottle until moment of using.

Liquor No. 2.—Dissolve twenty parts of nitrate of silver in twenty parts solution of ammonia, and add to this solution 650 parts distilled water.

When it is intended to operate, the two preceding liquors are mixed in equal quantities, and after having been well agitated, filtered.

As the solution of ammonia of commerce has not always the same degree of concentration, it would be better, perhaps to dissolve the nitrate of silver destined for the liquor No. 2, first in distilled water, then mix this solution with liquor No. 1, and only then add ammonia in quantity sufficient to entirely clear the mixture, taking care always not to maintain an excess greater than is necessary to prevent the silver from being precipitated.

Suppose it is intended to silver silk, woolen, cotton, etc., we commence by washing the substance clean; this done, we immerse it for a moment in the saturated solution of gallic acid; then withdraw it to plunge it for a second in another solution composed of twenty parts of nitrate of silver to 1000 parts of distilled water. These alternate immersions are continued, until the substance from being dark becomes of a brilliant tint; after that it is plunged in a bath composed of a mixture of the two liquors Nos. 1 and 2. When completely silvered, it is withdrawn, and boiled in a solution in water of a salt of tartar, and there remains nothing more to be done but a last washing and drying.

Bone, horn, wood, paper, etc., silver in the same way, with this difference however, that in the place of the alternate immersions above indicated, we may content ourselves with passing over the objects a brush or pencil that is dipped alternately in the gallic acid solution and in that of nitrate of silver.

For leather tanned with sumach, in the place of nitrate of silver, the chloride mixed with a few drops of rosemary oil may be employed with advantage.

Stucco and pottery ought, before being submitted to the operation, to be covered with a coat of stearin or varnish.

To silver glass, crystal, or porcelain, we commence by washing completely the object with distilled water, and with alcohol, and then operate as has been said with the mixture of the two liquors. In working with vases, they can be filled with the mixture, and objects with plane surfaces are placed in a horizontal position and the liquor poured on them. However, to silver mirrors, we can dispose the plates of glass in a vertical position; place them two and two face against face, in double troughs of gutta percha, taking care to prevent all contact with the sides; then fill with the liquid. Quarter of an hour after, the precipitation of silver commences, and at the end of a few hours the operation is finished.

The silvered surfaces are then washed with distilled water, dried by free air and heat, in the last place covered with a layer of varnish. The deposition of silver can be accelerated by the employment of heat; in this case, the temperature depends upon the nature of the objects to be submitted to the operation.

As for the metals, we commence by cleansing them with nitric acid; rub them afterwards with a mixture of cyanide of potassium and powdered silver; then, after washing with water, they are plunged alternately into the liquors Nos. 1 and 2, until they appear sufficiently silvered. If working with iron, it should be first immersed in a solution of sulphate of copper.

The process which has been described presents above all others the advantage of very solid results, and of employing chemical agents of low price.

[*Jour. de Chim. Med.* and *The Druggist*.]

Therapeutical Action of Dulcamara and Solanine.

Prof. CAYLUS, of Leipzig, has undertaken a series of experiments to ascertain the exact effects of Dulcamara, and its active principle Solanine. These substances belong to the class of narcotic acids, as they produce a paralyzing action on the medulla oblongata, and an exciting action on the nerves.

They cause death by producing paralysis of [the respiratory muscular apparatus, by an action analogous to that of coneine and nicotine. They possess a therapeutical action in spasms, and in irritable conditions of the respiratory organs, in simple spasmodic cough, whooping cough, and spasmodic asthma. Their therapeutical action in certain morbid conditions of the blood, as gout, rheumatism, constitutional syphilis, and perhaps in certain chronic conditions of the skin,

may be owing to their augmenting the excretion by the kidneys, of the constituent parts of the blood which have undergone combustion, and not to the excitement of cutaneous activity.

Solanine and Dulcamara may be given without danger in inflammatory conditions of the stomach and intestinal tube, as they exercise no action on those organs.

Inflammation of the respiratory organs present no contra-indication of their employment, but they are contra-indicated in inflammation of the kidneys.

The medium dose of Acetate of Solanine, which M. CAYLUS prefers to the Solanine itself, on account of its greater solubility, is from about one-eighth to about five-eighths of a grain. The best form for administration is in pill, because solutions of it have a very disagreeable taste. The Alcoholic extract is much better than that made by the agency of water.

[*Presse Medicale Belge, from Medical News.*]

Nux Vomica as a Febrifuge.

M. ANGELS POGLIANI has tried nux vomica in thirty-seven cases of fever which should be divided in the following manner: one case of quartan, two of quotidian, two of double tertian, thirty-two of simple tertian.

The use of the medicine was always preceded by a saline or oily purgation and acid drinks. The dose was from six to nine grains of nux vomica, divided into eight papers, one taken every two hours during the apyrexia. If the fever returned another dose of nux vomica was administered, or the half only of the first prescription in one or two times. Under the influence of this medicine twenty cases yielded to the first dose, eleven required two, four required three, and two were absolutely rebellious to the medicine. It is necessary to add that with the last two subjects quinine was equally inefficacious, an effect which M. POGLIANI attributes to a strongly marked state of gastric inflammation.

[*Jour. de Chim. Med. and The Druggist.*]

Use of Glycerine in Dysentery.

Dr. Dante expresses himself thus in the *Union Medicale*: Encouraged by a first attempt, I have employed glycerine in potions and clysters with many patients taken with commencing dysentery, and I have seen with pleasure that the malady has often been stopped by this means alone. Many, notwithstanding they went to stool from two to four times an hour, had tenesmus, only passed with much effort bloody mucus, and experienced violent colics.

Here are the formulas that I have used:

<i>Clyster</i> —Glycerine	30 grms.
Decoction of flax-seed	150 “
Two clysters a day.	
<i>Draught</i> —Glycerine	45 grammes.
Orange flower water	q. s.
Water enough to make	150 “
Two spoonfuls every hour.	

There is wanting here a sign useful for deciding if the glycerine alone has produced the effects which Dr. Dante has verified, or even if the cure would not have been sooner obtained with glycerine slightly acidulated with sulphuric acid, efficacious from that, like the water of Rabel.

Glycerine so often contains a small quantity of this acid that a preliminary test of the medicine would have been necessary in the case.

[*Jour. de Chim. Med.* and *The Druggist*.]

PREPARATION OF CAFFEIN.

The process of caffein most used consists in treating ground coffee with boiling water, and adding to the infusion a salt of lead, for the purpose of precipitating the tannin. The precipitate is washed with boiling water, and the filtered liquid treated with sulphuretted hydrogen, to remove the excess of lead. The liquid, deprived of the sulphide of lead, is concentrated by a moderate heat, and crystals of caffein obtained.

To prepare this substance, M. VOGEL, indicates a mode more simple and less costly; it consists in treating the coffee with benzole; we isolate by this means the caffein and an oily substance. The benzole is separated by distillation; the residue is put in boiling water, which dissolves all the caffein, which can be crystallized by the concentration of the liquid. — *Jour. de Phar. et de Chemie* and *Druggist*.

VERMIFUGE PROPERTIES OF THE CHINESE AILANTUS.

The Chinese ailantus (*Ailantus glandulosa*) has been hitherto known only as an ornamental tree of a very elegant appearance and rapid development. During the last few months it has acquired importance by yielding a valuable vermifuge agent, according to some remarks published by Mr. HETET, Prof. at the Naval School of Medicine at Toulon. In the experiments which he describes, he makes use of the following preparations, namely, the powdered bark, the powdered leaves, the watery extract of the bark, the alcoholic extract of the bark, the oleo-resin, and the resin. These experiments were made on dogs, and afterwards on man. M. HETET describes three cases, in all of which the powdered bark of the ailantus

caused the expulsion of tape-worm. The powder of the bark was given at first in the dose of half a gramme, and the watery extract in the dose of one-fourth of a gramme; the oleo-resin in the dose of one-fifth of a gramme; the resin in the dose of two-fifths of a gramme rarely occasioned the expulsion of fragments of the tænia. M. HETET thinks that it is to the volatile oil aliantus that we ought chiefly to attribute the phenomena of weakness observed in man and in dogs, since the resin alone does not produce them. He also observes a fact deserving of recollection, namely, that the effect of this essential oil is so well marked, that it is necessary for persons to take great care of preserving themselves from its vapor during its preparation. According to this author, the ailantus, taken in a vermifuge dose, does not exert any injurious effect upon the health, and does not distress the patient like the root of the pomegranate and kousso. The local effects are confined to slight colic, and sometimes to a moderate degree of purging. — *Journal de Pharmacie et de Chemie and Druggist*.

NEW MIXTURE FOR WHOOPING COUGH.

The following process is a modification of the formula given by M. DALAHAYE, which he asserts will be successful after all other remedies have failed.

Dr. COURBASSIER says that in localities where whooping cough appears as an epidemic, year after year, he has rarely been disappointed in its use as a remedy for that distressing complaint:

Take of Mocha or Martinique Coffee, slightly
browned, in powder. 8 oz.

Boiling water, q. s.

Treat the powdered coffee with the hot water by displacement, until sixteen ounces of decoction will have been obtained, in which dissolve

Ext. Belladonna, Alc.

* " Ipecac " of each, 75 grains.

" Cinchona " 36 "

Sugar 16 oz.

Dissolve by the aid of a gentle heat, and filter.

Dose for children three or four years of age, a tablespoonful repeated three times a day; under that age, half the quantity at a dose. — *Revue de Thérapeutique and Semi-Monthly Med. News*.

SULPHUR AS A DENTRIFICE.

Dr. C. W. WRIGHT says, in an article on this subject in the *Louisville Medical Gazette*, that the common flower of sulphur, of the drug store, possesses advantages over all other substances on account of its antiseptic properties, its exerting no injurious action on the teeth, either chemical or mechanical; its ready preparation and cheapness. The sublimed sulphur

* A suitable quantity of Pulv. Ipecac. may be substituted for Extract. — Eds.

must be freed from any acid which it may contain by agitating it in water in which a small quantity of carbonate of soda has been dissolved, and then freed from the soda by repeated washings in cold water. — *Medical and Surg. Reporter.*

NEWS ITEMS.

In most of the following instances of loss of life and property, the "accident" no doubt resulted from the criminal carelessness of filling the lamp with fluid while it was burning: and yet people will not take warning!

Mr. E. Meriam, of Brooklyn, states that he has kept a record of deaths, injuries, and conflagrations, resulting from the use of camphene and other burning fluids used for the purpose of illumination, since July 22d, 1850. Since that date he has recorded the deaths of three hundred and seventy person, and the injuries of four hundred and seventy-seven persons, many of the latter of whom the accounts stated were not expected to survive the injuries they received. The losses by fire from these fluids he estimated at upwards of one million of dollars. Mr. Meriam says that when the weather becomes hot, in summer, the danger in the use of burning fluids will increase. In the short term of thirty-six days within the present year, he had recorded the death of nine persons by camphene and burning fluid.

DUST FLOATING IN THE AIR.—M. Pouchet finds that the dust floating in the air contains the detritus of the mineral constituents of the globe, atoms of animals and plants, and the finest debris of all the matters we make use of. But one item he especially points out, viz., *wheat starch*, which is invariably found in the dust whether old or recent. Surprised at the quantity of it present among the aerial corpuscles, M. Pouchet investigated the dust of all ages and of every locality, and everywhere he found this wheat starch presented. "I have found the starch in the most inaccessible corners of old Gothic churches, mixed with dust blackened by six or eight centuries of existence. I have found it in the palaces and caves of the Thebiad, where it may have dated from the time of the Pharaohs? I have found it in the tympanic cavity of the tympanum of a mummified dog, which I had found in a subterranean temple of Upper Egypt. In all countries, in a word, where wheat forms the staple of food, starch always penetrates into the dust, and is met with in greater or less quantities. Hence therefore, the *corpuscles* of which we have heard so much, are granules of starch and silica.

Twice only in a thousand experiments has M. Pouchet observed the large ova of infusoria in the atmospheric dust.

DISGRACEFUL ENCOUNTER BETWEEN TWO PHYSICIANS.—The profession has been insulted by a most disgraceful scene between two surgeons, at New Orleans. Dr. John D. Foster and Dr. Samuel Choppin, both attached to the Charity Hospital, got into a fight on the 27th of August, over a patient who applied to have the operation of tying the subclavian artery performed. After an interchange of injurious and profane language, they drew pistols and fired several shots at each other, whereby Dr. Choppin fell, dangerously wounded in the neck and hip. They were about finishing the fight with

knives, when they were separated, like dogs, by the bystanders. What became of the unfortunate patient, we are not informed, but we think he will be slow in trusting himself again in the hands of such murderous practitioners. Dr Foster was arrested, but was subsequently released on bail in the sum of \$5000.—*Boston Med. Jour.*

Dr. James J. Irby being in Hamilton (Ga.) on the 26th ultimo, was, while taking out the cushions of his buggy previous to a rain, struck by lightning, and instantly killed. The circumstances were rather unusual and strange, nothing being struck but Dr. Irby. Although the place where the buggy was standing was an open one, still not more than twenty steps off were tall houses with chimneys, and near the buggy were several posts, yet the whole charge seemed to strike the Doctor, entirely mutilating his hat, singeing his hair, and making some marks of violence on his body, but not tearing or burning his clothing in the least. The deceased leaves a wife and children, together with a large circle of friends, to mourn.

THE DUST OF AGES—"MICROGRAPHIE ATMOSPHERIQUE."—Under this title the *Gazette Hebdom.*, April 1st, in its report of the meeting of the Academie des Sciences, mentions a paper furnished by M. Pouchet, entitled "Etude des corpuscles en suspension dans l'atmosphere." The atmosphere which surrounds us holds in suspension a mass of corpuscles, the detritus of the mineral crust of our globe, animal and vegetable particles, and the debris of all that is used for man's purposes. These diverse corpuscles are proportionably more numerous and voluminous as the atmosphere is more or less agitated by the wind, and it is to these that the term dust has been applied.

The author enumerates the various corpuscles of mineral, animal, and vegetable origin with which the air is loaded. Under the latter—the vegetable products—he mentions especially particles of wheat, which are always found mixed with dust, be it recent or old, as well as those of barley, rye, potatoes, which have been discovered in rare instances. "Astonished at the proportional abundance of flour which I have found among the atmospheric corpuscles," says M. Pouchet, "I undertook the task to examine the dust of all centuries and of all localities. I have explored the monuments of our large cities those of the shore and those of the desert; and in the midst of the immense variety of corpuscles that universally float in the air, almost always have I found the dust of grain, in greater or lesser abundance. Endowed with an extraordinary power of preservation, years seem scarcely to have altered it.

"Whatever may be the antiquity of atmospheric corpuscles, we find among them the dust of grain yet recognizable. I have discovered it in the most inaccessible retreats of our old gothic churches, mixed with their blackened dust of eight centuries; I have met it in the palaces and hypogees of Thebes, where it dates back perhaps to the epoch of the Pharaohs. I have found it even in the interior of the tympanal cavity of the head of a mummified dog, which I have recovered from a subterranean temple of Upper Egypt."—*Druggists' Circular.*

Prof. Napoli, of the Academy of Naples, has discovered that in the lava issuing from Vesuvius there is a large quantity of the very rare metals, selenium and tellurium, combined with titanium, lead, and iron.—*Druggists' Circular.*

M. Bean, an hospital physician of Paris, has found that workmen who handle lead do not suffer from phthisis, and that the progress of this disease has been stopped by symptoms of lead poisoning.

HUMBOLDT'S LIBRARY.—We see it stated that Humboldt's Library has been purchased for 40,000 thalers by Lord Bloomfield, minister of England at Berlin. It had previously been announced that the library had been purchased by Mr. Wright, the American Minister at Berlin.—*Med. & Surg. Reporter.*

THE CHOLERA.—This disease is steadily advancing through Germany, westward. In some of the villages the harvest operations have had to be suspended for want of hands. At Hamburgh the disease carries off sixty to seventy persons a day. Two cases have occurred at North Shields, England, one of which was brought from a Hamburgh steamer with the premonitory symptoms of the disease, and the other occurred in the house where the first died.—*Ibid.*

Chicago City Hospital, is now open (we learn from the *Chicago Medical Journal*) for the reception of patients. The medical staff consist of Drs. Brinard and Miller.

CUYAHOGA COUNTY MEDICAL SOCIETY.—A new Medical Society has been recently established in Cuyahoga county, Ohio, organized April 7. Dr. C. A. Terry, President Dr. J. A. Sayles, Vice-President; and Dr. T. G. Cleveland, Secretary and Treasurer.

Very thin perforated elastic tubes are extensively used in England and France instead of tents of lint, sponge, etc. They keep the orifice in an abscess open, and effect its complete drainage. They are readily introduced, and produce no irritation.

The *New York Times* relates the case of a man's death being caused by the skinning of a rattlesnake. His thumb was accidentally cut by the knife used in skinning the snake, when his hand and arm began to swell, and in a few days death took place, the body being covered with livid spots.

The *Middleboro' (Mass.) Gazette* records the death of a boy in Plympton, from the bite of a snapping turtle—death taking place in a few days after the bite, with all the symptoms of hydrophobia.

The Medical Library of the Pennsylvania Hospital, founded in the year 1763, now contains about 11,000 volumes.

Dr. Longet, well known by his valuable contributions to science, has been appointed Professor of Physiology at the Faculty of Medicine of Paris.

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**ART. XXX.—Observations on the Development of a new Species of
Helmintb (Mermis ———).**

By A. SAGER, Prof. of Obstetrics in the University of Michigan.

The observations here recorded were made in the latter part of the year 1853, prior to the publication of the elaborate essay of MEISSNER, in SIEBOLD and KOLLIKER'S *Zeitschrift für Wissenschaftliche Zoologie*.

The specimen was found in a ditch of stagnant water; and, unlike the species of *Gordius* of like habitat, was of a uniformly milk-white color. It measured 29 inches in length and about two lines in diameter.

Its great size led me to suspect, at first, that it might be a species of intestinal worm; but, by a closer inspection, I could discover clearly the generic characters of the *Mermis* of DUJARDIN.

It was placed in a phial, with clear water, about the

20th of September, and in a few days the water became slightly turbid, which condition was found to depend upon the presence of an immense number of microscopic ova. These were rendered somewhat opaque by the fine, granular yolk; but, upon slight pressure being applied, a defined transparent center became visible, which was regarded as the embryonic cell—but no nucleus could be seen within it. The yolk in some of the ova did not completely fill the chorion, but was surrounded by a clear fluid, like albumen.

On the 28th of September, the ova already presented the first stages of segmentation—some being but slightly constricted, as represented in Fig.



1, while others had already become divided into two, four and even eight segments, as shown in Figs. 2, 3, and 4. Segmentation proceeded very unequally in different ova: in some it commenced at least a week later than in others, apparently indi-

cating different periods of fecundation.

Oct. 16. In some of the ova segmentation was now complete, and the mulberry structure assumed, as seen in fig. 5. Up to this period the development process involved no change of form by which the embryo could be distinguished from those of other worms, or even from those of most other invertebrata; and is strictly comparable to the fissiparous process of cell-multiplication. The viscicular embryo now began to assume an elongated and necessarily curved form, being flattened upon the concave internal surface.

On the 27th Oct. they were found to have passed through the stages represented in Figs. 6, 7, and 8. The borders of the embryo were somewhat clear; but the mass

was still composed of the original cells, very slight compression being sufficient to destroy the cohesion of the mass, and resolve it into its elementary cells. The change of form, then, was a new exhibition of life-force effecting a new and specific arrangement of the blastodermic cells.

Apparently at this period no differentiation of tissues had taken place; nor even when, a little later, spontaneous motion occurred, could any departure from the primary cell structure be observed.

The subsequent changes consisted in the gradual elongation of form, becoming at the same time terete, and coiling regularly within the chorion, until, having assumed four or five coils, it finally burst its chorion, and emerged, capable of quite active motion. [See Fig. 9.] The entire process was not completed until the 25th of Nov., having occupied about two months, during which time it was the subject of very frequent observations.

In the process of segmentation of the yolk, fission of the central clear cell of each yolklet preceded the division of the surrounding mass, each yolklet or subdivision appeared to be invested with a distinct limitary membrane, sufficiently firm to admit of some flattening of the cell, by pressure, without rupture.

That the ultimate divisions of the yolk are true cells, is admitted even by those embryologists who deny the existence of a limitary membrane to the primary or larger segments of the yolk; but, in the case before us, and probably in others, the cell membrane appears to be a mere structureless condensation of the ovalbumen, and equally so whether the segments be the larger primary divisions, or the ultimate blastodermic cells.

The developement history of this worm, proves conclusively that the *whole fecundated egg* is itself as really and truly the animal, capable of developement, as at any sub-

sequent stage of its existence ; but, whether this view is applicable to the large yolk of reptiles and birds, as plausibly contended by Prof. AGASSIZ, in opposition to the views of most other embryologists, remains, perhaps, to be decided by further study and consideration of the entire subject.

ART. XXXI.—Meteorological Register for Month of September, 1859.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date	Barometer.			Thermom't'r Hygrometer			Force of Vapor in Inches			Relative Humidity			Winds—Direction and Force.				Fall of Rain.	
	7 A. M.	2 P. M.	9 P. M.	7	2	9	7 A. M.	2 P. M.	9 P. M.	7	2	9	7 A. M.	2 P. M.	9 P. M.	BEGAN.	ENDED.	INCHES.
1	29.50	29.40	29.48	57.77	43.51	67.37	.295	.527	.142	.63	.56	.51	S.	2 W.	3 W.	10.35 a.m.	10.48 a.m.	0.05
2	29.58	29.68	29.49	48.72	57.46	60.55	.284	.358	.413	.85	.45	.90	W.	2 W.	2 W.			
3	29.42	29.43	29.51	61.71	56.56	64.52	.383	.503	.335	.71	.66	.74	S. W.	3 W.	3 S. W.			
4	29.65	29.74	29.54	46.63	55.44	57.50	.262	.386	.295	.84	.67	.68	N. W.	1 N. W.	1 N. E.			
5	29.79	29.83	29.76	47.64	52.45	59.50	.273	.433	.334	.84	.72	.86	E.	1 E.	1 N. E.			
6	29.97	29.95	29.86	55.63	55.53	58.53	.376	.356	.321	.86	.61	.74	E.	1 E.	2 E.			
7	29.92	29.91	29.91	57.67	56.52	60.52	.322	.325	.296	.69	.64	.59	E.	1 E.	2 S.			
8	29.89	29.88	29.88	55.66	61.51	61.54	.321	.470	.325	.74	.73	.60	S.	1 S.	2 S.			
9	29.84	29.88	29.87	62.73	63.59	64.60	.460	.476	.478	.82	.58	.83	S. E.	1 S. E.	1 S. E.			
10	29.76	29.74	29.82	71.74	70.67	70.65	.608	.679	.550	.80	.81	.75	S. W.	2 S. W.	3 S. W.	1.15 a.m.	3.25 a.m.	.11
11	29.46	29.42	29.69	71.74	68.64	62.59	.503	.396	.380	.66	.47	.55	W.	2 W.	3 N. W.			
12	29.38	29.23	29.44	62.73	58.62	62.69	.429	.409	.668	.77	.50	.85	W.	2 W.	4 W.			
13	29.33	29.44	29.69	53.58	51.47	50.46	.244	.255	.192	.60	.52	.61	N.	3 N.	3 N. E.			
14	29.59	29.67	29.44	46.57	54.42	43.44	.177	.095	.157	.66	.20	.37	N.	3 N.	2 N.			
15	29.82	29.76	29.76	50.62	53.46	54.46	.258	.312	.219	.71	.56	.54	E.	3 E.	2 E.			
16	29.65	29.62	29.72	51.66	62.49	57.57	.321	.346	.392	.85	.54	.69	E.	2 E.	1 E.	8.16 p.m.		.13
17	29.56	29.67	29.56	58.71	55.55	62.51	.393	.406	.308	.81	.57	.68	N. E.	2 N. E.	1 E.	11 a.m.	2.30 a.m.	.22
18	29.58	29.62	29.59	54.74	66.51	64.61	.335	.462	.470	.80	.55	.73	S.	1 S.	1 S. W.	10.45 a.m.	1 p.m.	1.17
19	29.47	29.48	29.45	64.72	64.61	69.60	.457	.668	.465	.69	.85	.78	S.	1 S.	2 S. E.			
20	29.42	29.46	29.33	53.52	52.52	47.50	.382	.257	.334	.96	.66	.86	N. E.	3 N. E.	2 E.			
21	29.45	29.41	29.50	52.55	54.50	42.52	.334	.349	.362	.86	.80	.86	E.	2 E.	2 E.			
22	29.45	29.51	29.40	56.63	57.52	57.53	.335	.399	.350	.74	.71	.75	W.	2 W.	1 W.	9 a.m.	9.30 a.m.	.15
23	29.63	29.61	29.61	60.70	64.57	62.61	.426	.449	.497	.82	.61	.83	S.	2 S.	2 S. W.			
24	29.64	29.64	29.64	60.72	63.57	67.58	.426	.581	.416	.82	.71	.72	S. W.	1 S. W.	2 W.			
25	29.62	29.60	29.62	58.75	61.54	68.56	.365	.591	.383	.75	.68	.71	S.	1 S.	2 S.			
26	29.56	29.54	29.58	60.70	61.56	62.57	.396	.449	.412	.76	.61	.76	S.	1 S.	2 S. W.			
27	29.60	29.62	29.56	58.67	58.52	65.54	.309	.591	.365	.64	.89	.75	S.	1 W.	1 W.	8.18 p.m.	11.10 p.m.	.25
28	29.76	29.78	29.64	57.72	58.51	68.53	.295	.631	.336	.63	.80	.69	S.	1 S.	2 S. E.			
29	29.80	29.78	29.78	58.68	61.53	64.57	.336	.543	.412	.69	.79	.76	S.	1 S. E.	2 S. E.			
30	29.66	29.68	28.95	67.71	62.61	67.57	.457	.608	.399	.69	.80	.71	S.	2 S. E.	2 S. E.	3.40 p.m.	10.30 p.m.	.28

Editorial Department.

University of Michigan.

This Institution is now fully organized, the last of the Three Departments, originally contemplated by the Organic Law, being now in full and successful operation. The Department of Science and Arts was organized in 1841; of Medicine, in 1850; of Law, during the current year. The number of students in attendance, already thus early in the year, is as follows: Department of Science and Arts, 290; Medicine, 150; Law, 75: total, 515.

It is certainly highly gratifying to the old friends of the University to witness this most prosperous condition of its affairs. The people of Michigan may well be proud of the Institution; and younger States may well pattern after the policy which cared for the lands and the fund arising from their sale. As the result of that policy, the University, to-day, throws open her doors, in all the Departments, for the *free* admission and education of all who choose to enter, and avail themselves of the advantages offered. A Matriculation fee of ten dollars makes a man a perpetual student; and an annual tax of five dollars, for incidental expenses, covers all the charges for education. When the Degree sought after is earned, it is granted with equal freedom, a charge of two dollars, for the expense of parchment, being all the expense for graduation. Certainly Michigan stands alone among the

States in point of educational freedom. Not a year passes but witnesses the going forth of a score of men from its walls, bearing her honors, who would not have been able to attain that educational stand point but for her *free* system.

EDITORIAL CORRESPONDENCE.

LONDON, August 31st, 1859.

Dear Readers of the Peninsular and Independent :

My last letter to you was dated at this place, a little more than three months ago, and I perhaps owe you an apology for so long a silence. In justice to myself, I must say that I have not promised you to write regularly and monthly, though it was my intention to do so if possible. It has not been convenient, for the reasons I will briefly state. On the 10th of June I left London for Paris, where I remained until the 20th of July. While there, literally every moment was occupied with the vast number of objects, professional and otherwise, which must be seen and noted on the spot, and even a few hours occupied in writing a letter would have prevented my seeing some object worthy of observation. Besides, the constant excitement and labor of seeing multifarious objects indisposes and almost incapacitates me for careful composition. After leaving Paris, which I did at the time above indicated, traveling through other parts of France, and visiting the principal places and viewing the objects of most interest in Belgium, Holland, Southern Germany, and Switzerland, returning to Paris in time to see the remainder of the great Army of Italy, led by the Emperor (who, in position, in influence, in the thoughts of men, if not in shrewdness and talents, is at present the "foremost man of all this world"), as they marched through the Boulevards, to receive the congratulations of the French people. There was of course no time for writing more than my daily journal, which I did in pocket books, with pencil, in coffee-rooms, waiting halls, steamboats, and railroad cars, and even after retiring and before rising, as opportunities presented. After spending near two weeks more in

Paris, witnessing the great *Fete Napoleon* of the 15th (on the evening of which day there was the most magnificent display of *sublimary* lights and fire-works of which I had any conception), and three days in the beautiful *Isle of Wight*—the Maderia of England, I find myself in London again, where, at this season, “everybody is away,” yet where smoke is still rising, and where the rush of business is still thundering through the streets. To-morrow morning I expect to leave for that “Gem of the Ocean,” the *Emerald Isle*—for Cork, and Dublin, and Limerick—the Giant’s Causeway, the Lakes of Killarney, &c., bringing up at Aberdeen, in Scotland, on the 14th of next month, when and where the “*British Association for the Promotion of Science*” holds its annual meeting the present year. Being accredited to that body, as a representative of the American Medical Association, I hope to attend the meeting, and may give you some account of it; and after its adjournment shall probably travel about different portions of the British Isles—spending considerable time among the Medical Men and Institutions of Edinburgh—hoping to cross the Atlantic in November.

I give these details to show how I have been and shall be occupied, and to apologize for any short-comings in correspondence—promising, after my return, to furnish for you, should it be thought advisable, further accounts of matters of professional interest I shall have noticed in my travels and sojourns.

In my last letter I made some general remarks respecting London and its Medical Institutions, and gave some account of the men connected with “University College, Hospital and Medical School.” I shall, in this, give a somewhat similar account of the men connected with *King’s College, Hospital and School*—a prominent institution, though by no means the largest here.

The men I saw here were Dr. TODD, Dr. BUDD, Dr. GEO. JOHNSON, Physicians; Mr. FERGUSON, Mr. BOWMAN, and Mr. PARTRIDGE, Surgeons. Dr. TODD and Mr. BOWMAN, as authors of the “*Physiological Anatomy*,” are known to all of you. Dr. BUDD’s work on the Liver is or should be in the hands of you all; and most of you are aware of the careful researches of Dr. JOHNSON, a younger man than the rest, into the diseases

of the Kidney. Mr. FERGUSON and Mr. PARTRIDGE are well known Surgeons—every body having at least heard of Mr. FERGUSON. I have seen all these men in their work at the Hospital, and received an impression of their professional characters and modes of examining, prescribing, and teaching.

Dr. TODD, as perhaps the oldest, and having the greatest pretensions, is first entitled to mention. He is a man approaching sixty, of very dignified and genteel appearance, rather reserved and aristocratic, about medium height, and somewhat full, with rather thin grey hair. He is not particularly communicative to his students in the wards, yet he examines into diseases of the nervous system particularly with care, and had a number of cases of Paralysis, Epilepsy, &c., under his charge. He seems to be giving somewhat particular attention to this class of cases. Being deeply tinctured with what, in many quarters, are the leading pathological and therapeutical notions of the day, he is profuse and general in his use of stimulants, and Brandy and Ammonia are his most frequent prescriptions. Fevers particularly, I am told, are treated from the beginning and almost exclusively with stimulants, alcohol being the chief article used. I have heard him spoken of by some of his old pupils as a very fine lecturer, and had much curiosity to hear him. I attended one of his advertised lectures in the amphitheatre. It was called a clinical lecture, though no case was before him, refering however to one which sometime before had been in the wards. The subject was Measles, and he spoke of this disease for about three quarters of an hour in an exceedingly moderate, prosy style, not taking off his overcoat; and he certainly mentioned only the most ordinary, commonplace facts and opinions, respecting the affection, to his class, consisting of a dozen or fifteen. I was forcibly reminded that there was a vast difference between working *for* a reputation and working *on* a reputation, in cases where a love of teaching for itself alone, does not in a large degree exist. It seemed to me that in this case the distinguished gentleman, while he took an hour's respite from his large fashionable practice, was working on his reputation, if he was not actually *resting* on his laurels. I would not, in any of these remarks, detract anything from the just meed of praise which is unquestionably due Dr. TODD. The whole profession are under

many obligations to him, for his industrious researches, and his very elaborate, scientific, and literary productions. I wish merely to give an impression of this lecture, as it appeared to me. It might suggest the impropriety of men, however able and distinguished, continuing as teachers when their interest in teaching is practically gone, being absorbed in other engrossing pursuits. Dr. TODD's practice is regarded as being perhaps the most profitable of any in London; and this, together with his writings, occupies so much of his time, and thought, and feeling, that he is not stimulated to exertion when in the presence of a dozen students in a lecture-room. To give a good and impressive lecture, requires an amount of interest which, on this occasion, the lecturer did not feel.

Dr. BUDD is a man several years younger than Dr. TODD, of medium size, dark hair and complexion, very affable, rather active in manner, but not giving the impression of a man of great profundity. His writings, however, show that he is a man of capacity, and the fact that he is the successor of WATSON, in the chair of practice in this school, indicates a favorable opinion of his abilities on the part of those having the appointing power. He is said to be an agreeable lecturer—but I have not had the pleasure of hearing him on a set occasion. However acutely his mind may operate in coming at nice conclusions, respecting his patients, those operation, must, to a large extent, be hidden from common observation, for at the bed-side particularly, rigid investigations and nice distinctions did not seem to be made.

I saw in his wards several cases of Rheumatism, with a due proportion of heart complications. Leeches and blisters were applied locally, the blisters a little distance from over the immediate seat of the heart; the ordinary internal prescription being in all the cases of Rheumatism, heart cases included, Carb. of potash grs. xv, Nitrate of potash grs. v., once in from two to four hours. Blisters were often applied in the neighborhood, though at a little distance from the joints.

He had several cases of Epilepsy, which were treated chiefly with sulphate of zinc.

Sciatica, and other forms of Neuralgia, he was treating by injecting into the tissues, over the painful part, with a fine sharp syringe made for the purpose, a solution of muriate

of morphene, a fourth of a grain in about one-half drachm of water, being the ordinary quantity used. It usually produced a speedy, general, as well as local effect, relieving the pain. In Paris, they are injecting in a similar manner, and for similar purposes, solutions of salts of atropia.

Dr. JOHNSON is a more slender man, of good height, however, scarcely forty, with a very pleasant and agreeable, but earnest manner. I saw him a few times only, but with what I saw, was pleased. He is a close, accurate worker, examines his patients carefully. Drs. TODD, BUDD, and JOHNSON, had from six to ten students following them in their wards — seldom the latter number.

Mr. FERGUSON is a tall, rather round, almost bullet-headed man, with a decided Scotch brogue, and is in the neighborhood of fifty years old. He has a degree of unconcerned dignity in his carriage, which gives him something of the appearance of indifference to his patients. He said very little as he passed about among them, giving the twenty students who crowded around him very few hints as to the nature of the cases or as to what he proposed to do. His students, however, like many others, on both sides of the Atlantic, "walked the hospitals." Saw in his wards one case of recent fracture of the leg, put up in plaster of Paris. The patient was not confined to his bed at all. He said there was no displacement in the case, and in some such instances he dressed in plaster, immoveable at once. He had several cases of cicotrases from burns, which he had operated upon in the old, and as I had supposed, exploded way of cutting them across. I enquired if he had found permanent benefit from the practice, which question he answered with one monosyllable, yes. At the London Orthopædic Institution, where, it is admitted, they have been remarkably successful in such cases, they use only mechanical extension, strong and persistent, with proper apparatus, screws, &c. Mr. LAWRENCE, at St. Bartholomew, was using the same plan, remarking that cutting did no good in the end. Surgeons, as well as physicians, will differ sometimes. Mr. FERGUSON had a case of goiter, into which he had made an incision, filling the wound with lint, with the view, he said, of exciting suppuration. He did not say what further he expected. It is to be presumed, that on

some occasions, Mr. F. is more communicative to his students, than on those when I saw him. If not, he must act on the principle of allowing them to see and judge for themselves, a plan which may have its advantages. This would be clinical observation, but hardly comes up to my notion of clinical teaching.

Mr. PARTRIDGE I should judge to be forty-five or more, light hair and complexion, and not particularly striking in his appearance. I saw but little of him, but have heard him well spoken of as a teacher by his old pupils.

Mr. BOWMAN is a man of moderate size, with small features, diminishing the impressiveness of his personal appearance. He is however, an indefatigable worker, and stands well, not only with the profession, but in the estimation of the public also. He is not only one of the surgeons of King's College Hospital, but likewise of the great Eye Infirmary of London, the largest institution of the kind in the world. Mr. BOWMAN gives much attention to Ophthalmic Surgery, and is said to have a large and profitable private practice in this department. In the Moorfield Eye Infirmary there is an immense field for observation, and the surgeons having charge of it, MESSRS. DIXON, CRICKETT, BOWMAN, and HUTCHINSON, all are very attentive to medical men and students who visit them.

Before closing this letter, I will mention a single visit made to the *Middlesex Hospital*, in London, but where I was much interested. I saw but one medical man there, Dr. GOODFELLOW, going to the institution almost by mistake, just as he was about entering his wards. A school is connected with this hospital, as with so many of the others, though I believe it is not very large. The hospital is a fine building, containing between three and four hundred beds. On introducing myself, Dr. G. took me about the grounds and showed the Museum, Lecture-rooms, Laboratory, &c. They were all small. Indeed, the buildings for the lectures, or college proper, are all small, in the London Medical Schools the hospitals being the large buildings, the school a mere attachment to the hospital.

Dr. GOODFELLOW visited a large number of patients the morning I was with him, more than I had seen visited in the

wards of a hospital by any physician before. He was, however careful, and very fairly accurate in his examinations and diagnosis. In these respects, he did not differ from the better class of medical men in London. He was, however, more faithful, and, as it seemed to me, discriminative and successful in treatment than the majority. He manifested more confidence in therapeutical measures than almost any other one I have met with in Europe, and gave more attention and thought to their application.

He spoke warmly of the muriated tincture of iron in Erysipelas—said it was his chief dependence in the disease, and he also used it much in scarlatina, even in the acute stages. I mentioned to him that I had used it in bad cases of small pox, which he approved of strongly, from the analogy, though he had not tried it in such cases. He said he had used it much in Brights diseases, even in comparatively acute cases, and he thought very beneficially. These are passing items of intelligence, but of course were not verified before me. I saw, however, a large number of rheumatic cases under treatment, and from the doctors', the nurses' and the patients' accounts, the success was much greater than I saw elsewhere. Internally, his ordinary prescriptions were carbonate of potash, ℥j.; nitrate of potash, grs. viij. to x.; wine of colchicum, mxxx. to xxx., sufficient to cause a laxative effect, given once in four hours, more or less. Dover's powder at night if necessary, externally, using the *water dressing*. A cloth dipped in water was applied, oil silk or gutta percha cloth over that, and still over all a thick layer of cotton batting, to keep a uniform temperature. If effusions had taken place in a joint, as in the knee, he used a flax-seed poultice, in and over which nitrate of potash was sprinkled freely, the oil cloth and cotton over this, as over the simple water dressing. This poultice, after a day or so, was followed by water dressing. No mercury was given to produce constitutional effect. For many months, he said, no case of metatarsis or any rheumatic disease of the heart had come on in the hospital, while the patient was under treatment. In cases where the heart was involved, a few leeches frequently repeated, and blisters, later, were used.

The same water dressings were applied locally in gout, and

I saw several cases where, from the statements of patients, the relief was very speedy and very great. When he found much superficial deposit of murate of soda, he used as the dressing a solution of nitro-muriatic acid, instead of the simple water, of such strength as could be borne.

Now, as to the correctness of this treatment, or its great superiority over others, I need not further commit myself; but it was certainly refreshing to see a man having faith in remedies, and being zealous in their application, if for no other reason than as a change. It is true, I have seen several who advocated with some decision, some particular modes of treatment for particular diseases, but I have met with few or none in any public position here who seemed to give so much thought and attention to treatment as the gentleman referred to. Many seem satisfied to learn the seat and nature of the disease, and watch its progress, without making very strenuous efforts to arrest its course. Pathology and diagnosis are truly the foundation, but are not the entire structure of medical science.

Very truly yours, &c.

A. B. P.

Selected Articles, Abstracts, &c.

Attempted Abortion and Death from Introduction of Air into the Veins.

One of the most painfully familiar topics of our current medical experience arises from the familiarity and indifference with which the large mass of community have come to regard the production of abortion: so that everywhere we hear the lament of the honorable physician of the unconcern with which he is consulted for this purpose, by both the unmarried female, who may be supposed to have the more anxious solicitude to hide her shame, and alike the respectably wedded mother, who has no such motive to afford a plausible pretext.

The danger which is associated with these attempts does not appear to be duly estimated, even by the members of the profession, in many instances; and popularly a great many expedients, instrumental and medical, are used and regarded as perfectly innocent and harmless. Every now and then, however, we read of and observe sudden and almost inexplicable death to ensue in cases of this kind.

An instance in point fell under our observation within less than a year in this city. We were summoned, about 11½ o'clock P.M. (near midnight), to see a lady, and found her already dead. Upon inquiry, and in the subsequent details of the coroner's inquest, it transpired that she, although a happy wife and mother, had determined not to allow any further additions to be made to her nursery cares. Finding herself, therefore, pregnant, she had consulted one of those dames reputed to be skilled in such matters, and had held repeated private interviews with her for a number of days before her decease. The night of her death, her husband was engaged away from home until about 11 o'clock. The servant girl remained up until after 10 o'clock. The husband arrived at home at 11, and found his wife deceased, and the girl and children asleep. Certain instruments were found about the person of the deceased, which indicated that she had made an attempt to throw up a strong stimulating injection into or about the mouth of the uterus. What she actually

did is, however, left in some conjecture, but death must have been very suddenly produced, considering the brief time in which she was left alone, and in view of the fact that the girl in the next room was unawakened.

It will be a happy time when this truth shall become impressed upon the popular mind, that whenever a woman places herself in the hands of "abortion procurers," she positively runs the risk of her life in every instance.

The following case, reported by Dr. JOHN SWINBURNE, of Albany, N. Y., and which we copy in full from the *Medical and Surgical Reporter*, is in point, and affords some especial light upon the character of danger in these cases, and how death may ensue, and very suddenly :

Miss M. A. S., aged twenty-three, unmarried, was admitted to the house No. 40 Franklin street, for the purpose of having an abortion procured, on or about the thirteenth of March.

It is ascertained that attempts were made from day to day to rupture the membranes with a blunt steel instrument. These efforts only produced slight inflammation, softening, and partial separation of the membranes and placenta.

On the evening of the twenty-sixth of March, Dr. J. H. CASE was summoned in haste to the above-mentioned house, where he found that the young woman had just died. An examination before the coroner's jury the next morning elicited, among other testimony, the following statements :

Dr. J. A. CASE sworn: Knows Mrs. Masten; was called to attend a patient at her house about six months ago; her given name is Oscillea; her ostensible business is an astrologist. The patient whom I visited six months ago was a young woman; she had inflammation of the womb. Was called by Miss Curry last night at 9 o'clock; said that Mrs. Masten wanted I should call as soon as possible, that a lady there had fainted, and was very sick. Went to No. 40 Franklin street, and found Mrs. Masten on the walk; she said she was glad I had come, as the woman was very bad, and she was afraid she was dead; she said it was only an india-rubber that she was using, and that the deceased fell right back dead. Found a body lying on the bed very pallid, and dead to all appearances; Mrs. M. did not go in with me; thought it might be a case of suspended animation; gave her some stimulants, but they did her no good—she was dead; told Mrs. M. so, and she said, "Oh, Doctor, what shall I do?" The girl Curry then said, wringing her hands, "What shall *we* do?" I told Curry that they could do nothing with her; Mrs. Masten said to her, "No, I am to blame; I shall have to stand it." She again asked me what she must do;

advised her to throw herself upon the mercy of the law; she asked me if I didn't think it best for her to try and escape; told her that it would be impossible if she undertook it; she also said it was a bad time for her, as she had no time to fight it out or money to escape; but that she expected some on Monday, and if she had that she would clear right out in half an hour; she again repeated that she didn't know how deceased came to die, as she could show me the instrument, and that it couldn't hurt her; went into the bed-room again, and another young lady said she thought deceased was reviving; wanted me to try and revive her; Mrs. Masten turned down the bed-clothes and produced a gutta-percha catheter. [The article was produced and identified.] She said that was the instrument she used, and that it could not hurt her; also, that it wasn't the one she generally used; that it was milder, and the girl's death surprised her; that while using it the patient, as she thought, fainted away; that she tried to fetch her to, and failing, had sent for me; think it was about nine o'clock when I got to her house; don't think that over fifteen minutes had elapsed until I saw the deceased, after being called. Mrs. Masten indirectly asked me to loan her money to escape with; I found three or four young girls in the house when I first got there; one of them said that she had got through with her troubles, and that she thought it best for her to get away as soon as possible; asked her if she was able, and Mrs. Masten said she was all right; suppose from what I saw and heard, that all the young ladies were "in trouble;" think I know one of the young ladies I saw there; believe I prescribed for her some time since.

Assisted by CHARLES H. PORTER, Professor of Chemistry, Dr. C. P. STAATS, and my students, Messrs. MOSIER and COVEL, I made a *post mortem* examination fourteen hours after death. The following detailed description is given for the benefit of medical readers:

External appearances of body natural, but very pallid. On cutting through the integuments into the cellular tissues, air was observed to issue from the divided veins in the form of a frothy fluid. On exposing the heart, its right cavities were found to be greatly distended with a spumous mixture of blood and air, and slight compression of the heart was seen to force out bubbles of air from the divided intercostal veins. A thorough examination showed that the jugulars, and the veins emptying into them, even to the small vessels of the brain, were all distended with air.

The uterus was found to be of a dark livid or maroon color at its lateral portions, and its veins and sinues were so fully distended with air, as to give it the appearance of a bag of angle-worms. The sensation communicated to the touch was analogous to that of varicocele, with the exception that in the latter the tissues are so soft and dis-

tended with liquid, whereas in the case of this uterus the presence of air was unmistakably manifested by its characteristic crepitus when the vessels were compressed by the finger.

The membranes of the ovum were entire, and contained a normal amount of amniotic liquor, and an apparently healthy female foetus of about five months' growth, presenting no appearance of decomposition, nor any change to indicate death of the foetus at any period long prior to that of the mother.

On the internal surface of the membranes was a slight exudation of lymph, as from inflammatory action. Externally they were separated from the womb on its right latero-posterior surface, as was also the placenta in part. Beneath the lower border of the latter was an effusion of blood in the form of several small coagula. The os and cervix were open to the extent of two lines, and filled with bloody mucus.

On examining the membranes and their contents, the internal surface of the womb exhibited the following appearances: 1. Slight softening of the tissues; 2. Several abrasions, evidently not natural; 3. A perforation communicating directly with the uterine sinuses, about two inches from the cervix, and in the right latero-posterior region. This opening communicated directly with the veins of the broad ligament, and thus with the ascending cava. The direction of the perforation was parallel with the longitudinal axis of the uterus. All the other organs of the body were in a perfectly healthy condition.

These *post-mortem* appearances, conjoined with the description of the young woman's death, can not be accounted for by any other cause than that of "air in the veins." Death occurred while the instrument was in the uterus, and was *immediate*, for the woman mistook *death* for *syncope*.

The point of interest in this case is as to the *manner* in which the air was introduced. Several deaths have been reported from ingress of air into the large veins of the neck, and even the subclavian is liable to the same thing under favorable circumstances, such as tension upon the vein from the subject's position during surgical operations, or by traction upon a tumor during excision, the veins being temporarily *canalized*, or prevented from collapsing.

Under all circumstances this canalization of vein, or its conversion into a rigid tube, is the indispensable condition requisite for the intrusion of air. But this condition is inadmissible in the case of the uterine veins and ascending cava, from the nature of physical laws which govern the movements of the fluids in the body, no less than in inorganic matter.

In the twenty-second volume of *Braithwaite's Retrospect*, on page three hundred and nine, will be found an article by Dr. J. R. CORMACK, in which is discussed the possibility of introduction of air into the

venous system through the medium of the uterine veins immediately after parturition. He instances the experiments of LEGALLOIS upon animals, whereby that author became satisfied of the possibility of the intrusion of air in this way, and by analogy conjectured that many cases of death in the human subject might be accounted for in a similar manner.

He also quotes from Dr. SIMPSON, of Edinburgh, who reports an autopsy of the body of a female who died after delivery, where the entrance of air through the uterine veins was conjectured to be the cause of death. The examination, conducted carefully, so as to exclude all apparent sources of error, resulted in the discovery that the lower cava, hypogastric, and uterine veins were distended with frothy blood and air.

Dr. SIMPSON also explains the manner in which air might be forced into the veins by the contraction of the uterus after having been filled with air, which is not seldom the case. This organ being distended with air, the os tinæ being closed either by its own sphincter or by a coagulum of blood; the uterine veins being large and patulous, and the forcible contraction of the organ—these furnish, in his opinion, the mechanism capable of accomplishing the fatal accident. (See *Braithwaite's Retrospect*, xix., page 262). In the present case no such conditions are furnished, and throwing aside the hypothesis of spontaneous ingress, we are compelled to fall back upon the presumption that the abortionist forcibly inflated the entire venous system, by means of the catheter introduced into the uterus, perforating its parietes, and in contact with the lacerated vessels of that organ. And this presumption is strengthened by the fact that the opinion prevailed, at the time of the coroner's inquest, that abortion might be produced by inflating the space between the membranes and the womb.

The fact of forcible inflation is incapable of proof, there being no third person present at the time of death, and hence no witness. Absolute certainty can only be arrived at from the confession of the guilty woman herself.

[*Lancet and Observer*.—*Medical Gazette*.

ON TWO CASES OF OPENINGS INTO JOINTS; *Free Admission of Air in one case; No evil results*. By RICHARD BARWELL, Esq., F.R.C.S., Assistant Surgeon to the Charing Cross Hospital.

Cases occasionally occur which are hardly to be accounted for, and which contradict our previously-conceived notions and acquired experience. Thus wounds piercing into joints are with perfect justice considered dangerous; and the more direct the opening, and the freer the admission of air, the more likely is destructive inflamma-

tion to supervene; yet the first of the two following cases will show that wounds of joints are not always productive of so much evil.

On the 14th March last, I saw H. L——, a young woman, upon whose knee was a boil, which had been that morning incautiously incised, so that it was feared the knee-joint was opened; the circumstance which led to this suspicion being a plentiful escape of synovia from the wound. The boil was inside the ligamentum patellæ; close to and running parallel with which was an incised wound a little more than an inch long. From this wound synovia oozed, and when the knee was flexed flowed out pretty freely. This flux, however, proved nothing, since, although rather plentiful, it might be produced by the bursa in this situation; therefore, to place the matter beyond all doubt, I oiled and slightly warmed a thin probe, and introduced it with great care and delicacy into the wound, when, somewhat to my surprise, it penetrated at once to a depth which clearly showed it to be in the knee-joint. The instrument was withdrawn; gutta percha splint, slightly bent, was placed on the outside of the limb; and the wound was closed by painting it over with collodion, and then covering it with one piece of soap plaster; the object being not merely to exclude the air, but also to prevent the flow of fluid from the wound which would keep it open.

During the week I saw her once or twice. Not a single untoward symptom arose. I ceased to visit the patient; but have since heard that the wound has healed without any trouble or evil consequence.

The following case is more remarkable, and was kindly sent to me by my colleague, Mr. CANTON:

HENRY S——, sailor, aged thirty-two, came to me on the 25th of April last, on account of ulcers about the right elbow. Three years ago, while at sea between Madras and Calcutta, there broke out a complaint which he calls "scurvy boils," and several of the crew were affected. He had on several parts of his body boils, which burst and left sores; they were worst on his elbow, and about a fortnight after they had opened into an ulcer, the bone began to get bare. On his arrival at Calcutta he went into hospital. No bone, he says, came away. There is now a large scar at the back of the elbow, the edges of which are ragged and uneven; four small ulcerations have again formed upon this cicatrix, one of which, near its centre, is deep and fistulous. Around this spot the elbow is deformed by a depression, which, judging by eyesight merely, appears to result from absence of bone. On examining the part more closely by touch, it is evident that a part of the olecranon is absent; the portion still left is attached like a sesamoid bone to the tendon of the triceps extensor; between that detached piece and the rest of the ulna is an interval, which corresponds to the depression above mentioned, and which varies in length from

three-quarters of an inch, when the arm is straight, to an inch and a quarter, when the limb is bent, and even to nearly two inches, when the cubit is strongly flexed. In the centre of this space is the deep fistulous ulcer already spoken of, out of which synovia flows pretty freely. When he bends and straightens the arm rather quickly, air is alternately sucked in and driven from the opening with an evident impulse, and at the same time the synovial sac is separated from and propelled against the bones of the joint, making a flapping sound like the dry valve of a pump before the water has risen. When he had continued this action some time the joint looked a little swollen, and, by pressing it with the hands, air could be expelled from the synovial sac. The man experienced no pain nor any stiffness in the joint, and seemed surprised when told to keep it at rest.

The treatment adopted was simply to close the opening into the joint with a piece of soap plaster, and to give iodine internally. The ulcers gradually diminished in size—that leading into the joint very slightly slower than the others. The flow of synovia ceased in about three weeks, and on the 30th of May he came to say that he was quite well, and about to start on another voyage to the East.

This case is remarkable for the insensibility of the synovial membrane to the contact of air; the secretion from it was, however, more abundant than usual, and was increasing, so that an inflammation, probably chronic and hydrophical, would have shortly been established, had not measures been taken to exclude the air, and to prevent the irritating drain of synovia from the sac. The free admission of air into the joint cavity gives rise to considerations which ought to be followed out in their bearing upon that doctrine of a vacuum supposed to be constantly maintained by means of the synovial membrane in the joint cavity, whereby a pressure is exercised on its surfaces. Now it is a certain fact in Physics, that, when two surfaces closely adapted to each other in shape are pressed together, there is established between them cohesion of contact. Such a condition in all joints aids in keeping the cartilaginous surfaces together; but this cohesion does not in any way depend upon the bones being surrounded by a membrane in the shape of a closed bag, as the theory runs. It has even been affirmed by some, that if the synovial membrane be punctured, this cohesion is destroyed, and the joint surfaces may be easily separated. The case just detailed shows the fallacy of such a theory, and that the cohesion of joint surfaces exists, according to the common physical law, only between the parts actually in contact at the moment; and therefore that a vacuum in the whole synovial sac would not assist in retaining the parts *in situ*. That the synovial membrane probably does not form a vacuum at all, may be gathered from the consideration that, if it were so, it would frequently be forced with a pressure of fifteen pounds to

the square inch between the joint surfaces, and thus be pinched and bruised—a circumstance which we know very rarely, if ever, happens. Altogether, then, the doctrine of a vacuum in the synovial sac is, firstly, unnecessary; secondly, improbable; therefore should be erased from amongst our physiological theories.

[*London Lancet.*

CASE ILLUSTRATIVE OF THE POST-MORTEM ACTION OF GASTRIC JUICE ON THE STOMACH AND DIAPHRAGM. By W. GRANT, M.B., Assistant Surgeon H. M. 31st Regiment, Poona.

Private Edward V——, of H. M. 31st Regiment, aged thirty has been in the service for five years; was a shoemaker by trade before his enlistment; has a fair complexion; is a stout-built, middle-sized man, of rather strumous appearance. He was admitted into the Regimental Hospital, Poona, on the 15th of March last, complaining of acute headache, with vertigo, nausea, heat of skin, thirst, &c.; tongue foul; bowels irregular; pulse 96. He was treated with aperients and quinine, and, in three days after, was convalescing, when he had an attack of slight catarrhal ophthalmia, from sleeping near an open window. From this affection he made a satisfactory recovery, and was discharged for duty on the 24th of March.

On the morning of April 1st he was re-admitted, complaining of headache, and seemingly much in the same state as on the 15th of March. Soon after admission, he had a severe rigor, accompanied with most acute throbbing pain in the right side of the head. He was ordered some calomel and James's powder, followed in three hours by a dose of compound powder of jalap, with sulphate of quinine. After the action of the purgative, he felt considerably relieved.

On the morning of the 2nd of April, he complained of shooting pain in the right eye and ear, and along the right side of the face, and tenderness on pressure over the scalp on the right side. Leeches were applied to the right temple, and, in the evening, he had a warm bath, followed by ten grains of Dover's powder, and a large blister behind the right ear.

Next day the pain had in a great measure subsided. The blister had acted well, and was ordered to be kept open. From this time up to the 13th he seemed to mend slowly. He had occasional pain in the head, of a shooting character, but said he felt himself recovering. He had no chest or abdominal symptoms of an untoward nature, and was able to eat some arrow-root, or beef-tea, with a little bread, from time to time. He was taking two grains of iodide of potassium, with an ounce of infusion of chirretta, three or four times a day, and an occasional aperient.

On the evening of the 13th of April, he lapsed into a state of coma, and his pulse became slow, and labored. From this time he never rallied, but died on the 15th of April, at 7 A. M.

Sectio Cadaveris Five Hours after Death. — General appearance of the body: Limbs and trunk well developed and muscular; marks of leeching and blistering on the right side of the head; no other cicatrices or marks on any part of the body. Head: On opening the skull, the dura mater was found adherent to several portions of the right hemisphere of the brain by processes of well-organized lymph. On removing the brain, an abscess of the size of a hen's egg, containing thick pus, was found in its substance, just over the petrous portion of the right temporal bone, the subjacent part of which was in a state of caries. The lateral ventricles contained a quantity of grumous-looking serum; choroid plexus much congested. The rest of the brain seemed healthy. Chest: No pleuritic adhesions on either side; the left pleural cavity contained nearly a pint of blackish, fluid blood; the lungs had a few crude tubercles scattered through out their substance; their posterior portions were engorged with blood; pericardium and heart healthy. The diaphragm presented a remarkable appearance; it contained a large ragged aperture, with dark edges immediately to the left of spinal column, and, further to the left, a small aperture of a similar character. The stomach, which seemed lacerated, protruded into the thoracic cavity through the larger opening in the diaphragm. Abdomen: No traces of inflammation in the peritoneum; intestines much distended with flatus. Nearly the whole of the stomach, at its great curvature, seemed to have been dissolved away by the post-mortem action of the gastric juice, and this process appeared to have extended to the diaphragm; the edges of the aperture in the stomach were of a blackish or deep ash-grey color, soft, and very ragged. The vessels in some parts of the remaining mucous membrane presented a peculiar brownish, arborescent appearance. (There was no traces of inflammation in the mucous membrane of the œsophagus.) The liver, spleen, kidneys, and other abdominal viscera were perfectly healthy.

Remarks.—In the greater portion of cases where extensive solution of the stomach and neighboring parts by the post-mortem action of the gastric juice has been found to exist, the individual had died shortly after having taken food into the stomach; but, in this instance, nothing in the shape of food, except an occasional teaspoonful of wine-and-water, had been taken after the evening of the 13th, nearly thirty-six hours before death. It is probable that an excessive elimination of the gastric secretion was produced, through reflex action, by the diseased brain, as suggested by Dr. BUDD. The chemical action would also take place more readily in a climate of high temperature, where the heat of the body is longer retained. The temperature in this case was 76° Fahr. in the shade at the time of death, and 94° when the examina-

tion of the body was made. The protrusion of the stomach into the thorax (which, according to Dr. AMFRED TAYLOR, uniformly takes place in extensive wounds of the diaphragm during life) was most probably produced by the gaseous distension of the intestines. The blood found in the left pleural cavity must have oozed from the severed edges of the stomach and diaphragm. [*London Lancet.*

ON CHLOROFORM IN LITHOTOMY AND AMPUTATION. By JAMES ARNOTT, M. D.

There is not, probably, in the history of medicine, any instance so remarkable of extreme diversity and rapid change of opinion on a practical point as that furnished by the revival and subsequent progress of etherization. When Dr. HICKMAN, about five-and-thirty years ago, suggested the production of insensibility in operations by the inhalation of carbonic acid (a method again very lately recommended by a French physician), it was declared to "be utterly impossible to find any surgeon so great a fool, and so unwarrantably bold, as to undertake an operation on such terms." The subject was brought before both the Royal Society in London and the Academy of Sciences in Paris, but neither of these learned bodies paid the slightest attention to it, notwithstanding that many of their members must have been aware of the experiments with carbonic acid made on dogs, a hundred years before, at the Grotto del Cane, near Naples, and, what is still more singular, notwithstanding that Dr. HICKMAN's paper was read at the Royal Society by Sir HUMPHREY DAVY, who had himself, twenty years before, suggested a similar expedient.

Fortunately, about twenty-five years after this proposal of Dr. HICKMAN, the idea occurred to Mr. HORACE WELLS, that the sudden and extreme intoxication produced by the inhalation of the gas which had been suggested by DAVY might produce an insensibility as complete as that which follows extreme intoxication from alcohol, without its immediate and ultimate dangers. In prosecuting the inquiry, he did not, like Dr. HICKMAN, confine himself to speculation and experiments in animals. He boldly tried his method on his patients, and found that as respected the insensibility, his opinion was perfectly correct. As no danger, either immediate or remote, had as yet been discovered, his invention, modified and improved by one of his pupils, was received with much applause, and at once pronounced to be only second to, if not the equal of, vaccination. Dr. SIMPSON, who merely substituted one intoxicating vapor for another, was deemed to have made an important medical improvement, and the statistical evidence which he adduced to show that chloroform saves life as well as pain was eagerly received as conclusive proof of its inestimable value.

Before ten years had elapsed, a great change had occurred in the opinions of surgeons. The fallacies of Dr. SIMPSON's statistics had been detected, about a hundred sudden deaths had been reported as having occurred from the administration of ether and chloroform, and a rule had been very generally adopted not to employ either of these substances except in the severer operations. Sulphuric ether is again resorted to in lieu of chloroform in many parts of Europe and America, and a proposition lately brought forward in the Medical Society of Lyons that chloroform should be altogether abandoned, was adopted without one dissentient voice. A persuasion, founded on their knowledge of its use in their own city, that by far the greater number of accidents from chloroform have been concealed, appears to have had considerable influence on the members of the society in producing this decision.

In the above observations allusion has been made to two kinds of danger from etherization—that which is immediate and that which is remote. The latter, or the effects of anæsthetic vapors on the result of operations, can only be discovered by statistics. When a comparison is made between the results of lithotomy on the adult, and amputation of the larger members performed before and after the introduction of chloroform, we find that there has been a great increase of mortality during the latter period. The published statistical facts or data which have been used in this comparison are sufficiently numerous for the purpose, and great care has been taken that the other essential points in statistical evidence, as well as the number of facts, should be duly regarded. Those who have opposed this opinion of an increased mortality have also had recourse to statistics, but they have erred in several respects in their employment of them. In all of their reports, the number of the data adduced is much too small to justify their drawing inferences from them, especially when these are opposed by inferences drawn from a ten-times greater number of facts. The returns brought forward, not having been previously published, and having been drawn up by themselves for an especial purpose, are deficient in authenticity; and there is dissimilarity between the facts compared. In some of these reports there are still greater errors, proving that their authors could not have anticipated any very strict criticism; and they are well adapted for preventing the due weight that ought to attach to extended and accurate calculation. A cursory reader is easily so misled, and in this way only can I account for Mr. SKER's assertion, in his recently published treatise on Operative Surgery, that the evidence of an increased rate of mortality, after the severer operations, since the introduction of chloroform is not satisfactory. Medical evidence is proverbially uncertain; but it can not be denied that no point in medicine has been more clearly proved than that of an increase of mortality from chloroform.

The rate of mortality after lithotomy in the adult was formerly (calculating from 775 cases) 22 1-2 per cent. For several years past, in London, "the cures," to use the expression of Sir B. BRODIE, "have been balanced by the deaths." By an elaborate statistical report lately published, it appears that the mortality after these operations in the London hospitals is more than 50 per cent.; and that the explanation which has been attempted of this great mortality — that the more favorable cases have been selected for lithotripsy — is perfectly unfounded. Only a few cases have been operated upon by lithotripsy, and it has been adopted in many of these because they were deemed unfavorable for lithotomy.

From a subsequent report by the same inquirer, we learn that lithotomy in the adult has not, during the same period, been nearly so fatal in the provinces as in London; in these the mortality has been only 25 per cent. But when this fact is recorded, it ought to be mentioned, also, that chloroform has fallen into disuse in several of the provincial hospitals. Mr. SMITH, senior surgeon of the Leeds Infirmary, and whose success as a lithotomist has been very great, informs us, in his recently published *Lectures on Lithotomy*, that the fatal results of capital operations have been much decreased in that institution since chloroform has been sparingly employed; and to this change of practice, probably, as well as to his peculiar manner of forming the flaps, may be the remarkable success of Mr. TEALE's amputation be due.

That so fatal an operation as lithotomy on the adult under chloroform should be persisted in, is, it must be acknowledged, a very extraordinary fact. Whether chloroform would have an equally injurious effect on the result of the dilating operations for stone remains to be ascertained. It is probable that it would not; and by its aid the great objection in such operations — namely, their painful protraction — would be overcome, it is to be hoped that they will now be more frequently performed. In the Marian operation the parts were doubtless, often severely bruised and torn by the rapidity with which it was performed, as well as by the imperfect dilating means employed. The argument against the revival of the dilating operation was much stronger before the introduction of chloroform than it now is. The cutting operation was then more than twice as successful as it is at present; and no means existed for preventing the pain that would be caused by dilatation effected with moderate speed. That the finger alone will dilate sufficiently in the cases of children, and in those of adults where the stone is small, has been proved by the experience of Mr. ALLARTON, DE BORSA, and others; but when the prostate is unyielding and the stone is large, a dilator of fluid pressure should be substituted. If chloroform be used with such an instrument, and the operation be thus rendered painless, there will be no necessity for a dilatation so gradual

and slow as would otherwise be advisable. Even granting that it were so quick as to tear, I question whether the danger of the operation would be nearly so great as that of the present proceeding. The more resisting parts only would be torn; the more yielding would be stretched. The danger, therefore, of urinary infiltration and, perhaps, consequent pyæmia, would be less. The use of a blunt instead of a sharp knife in lithotomy would have, to a certain degree, a similar advantage.

I am glad to perceive, by a dispute respecting priority in a contemporary journal, that the attention of accoucheurs is now being directed to the advantages of fluid pressure as a dilating means in midwifery. I have often adverted to its utility in this department of medical practice. The difficulty to be overcome will, as in its employment in strictures of the passages and in stone, be the construction of proper instruments. For this the practitioner will be obliged to rely on his own mechanical dexterity.

Chloroform appears to be injurious in amputation in proportion to the danger of the operation itself, whether this proceeds from the particular amputation performed, the injury or disease requiring it, or the general condition of the patient. The danger from amputation of the forearm, in a healthy subject, is probably very little augmented by the depressing action of this agent; but that from amputation of the lower extremity, in an unhealthy patient, may be more than doubled by it. When the data accumulate, it will be possible to judge of the effects of chloroform in various amputations and under various circumstances. At present they are only sufficient in number to show that the average mortality, from all the severer operations of this description, is greater by more than ten per cent. than before the introduction of chloroform.

It is almost unnecessary to remark that the fact of the injurious effects of chloroform or ether on the results of the severer operations, is not a reason why it should never be employed in them. Patients may refuse to submit to such operations unless they are performed under complete anæsthesia; and it must be confessed that, on certain occasions, only a limited degree of insensibility can be produced by local and safe measures, although applied in the most dexterous manner. The objection, however, which has been made to congelation in amputation, that even if its anæsthetic action were rendered complete by combining pressure with it, the peculiar nature of such wounds might prevent their healing favorably after its use, does not appear to be well founded. Mr. ROBERT, of the Hotel Dieu, in Paris, states, in the *Moniteur des Hospitaux* of the 7th April last, that "he has often had recourse to congelation in amputation of the fingers and toes, and that he has never seen any troublesome consequences." No objection can be made to the use of cold

for rendering the outer or more sensitive textures painless. Were its action limited to these, a great advantage would be gained; for with its anæsthetic there is combined a powerful antiphlogistic virtue. The swelling of the part from effusion of serum in its looser textures, caused by a deeper congelation, might oppose union by the first intention, unless care be taken to have a redundancy of skin; and the subsequent dressing of the wound must then be suitably modified. When congelation is properly used, under common circumstances, it greatly promotes the healing process; its improper use may have the opposite effect.

[*London Lancet.*]

REMARKABLE CASE OF ADIPOCERE.

At a meeting of the New York Pathological Society, held Sept. 14th, Dr. DALTON presented a body which had undergone complete transformation into adipocere. As far as could be ascertained, the body was buried in 1832. It was found in a cemetery, or rather in a pit, in the upper part of the city, which was dug out for the reception of cholera patients. The bodies were placed in separate coffins, but not in separate graves. The coffin containing this body was found about twenty feet beneath the surface; underneath it were three tiers of coffins, and above it nine or ten. The uppermost tier of coffins was covered by three or four feet of solid earth. The soil directly under the coffin in which the body was found was very watery; above this level there was but little water, although the ground was very moist. The bones of the bodies contained in this pit, and in some cases the tendons, were melted together in a semi-fluid mass, the usual result of decomposition under ordinary circumstances.

At the water-mark there were several bodies converted into this adipocere. The specimen presented, however, was the most perfect. The hands and feet have been rattled off during transportation. When the body was first taken out, its color was almost precisely the same as now (a dullish-white); if anything, it has become a little more brownish. It has now been exposed to the air for three months. Its consistency was decidedly less when first removed; it was then like cheese of medium consistency, a mixture of the ductile and the brittle. In handling it great care had to be used. At that time it exhaled a tolerably strong odor, partly cheesy, ammoniacal, and earthy. Since that time the cheesy and the earthy odors have disappeared; the ammoniacal smell, however, is still perceptible. In other respects it appears not to be altered in the least, and Dr. DALTON presumes it will remain in the same condition for years, for centuries, if properly taken care of.

The body is that of a large, fat woman, between 45 and 50 years of age, evidently a woman past the prime of life. The anterior parietes

have sunk very much, particularly those of the abdomen, which appear to be in contact with the spinal column. The anterior portion of the chest is also collapsed. The change of animal tissue to the adipocere is absolutely complete in all the tissues, except the hair, nails, and bones. The papillæ of the skin can be distinguished, but the other tissues cannot be made out.

The substance of which this mass is composed is known by the name of adipocere, or, as the French call it, "*graisse de cadavre*," (fat of dead bodies). It is exceedingly light, so that one can easily raise the whole subject.

It is somewhat curious that all the bodies, which are reported as having undergone this degeneration, have been interred under precisely the same circumstances. The first case was observed in a similar pit at a cemetery in Paris.

The chemical composition of the substance is such, that it is regarded as an ammoniacal soap, sometimes soap composed of ammonia and lime, in other instances almost exclusively a lime-soap. ORFILA and FOURCROY, who had paid particular attention to this subject, assert that at first it is almost exclusively ammoniacal, the ammonia being supplied by the decomposition of the nitrogenized muscular tissue. This unites with the fat coming from the adipose tissue, which has become rancid, and produces an ammoniacal soap. Some French chemists regard it as a transformation of the muscles into oleic acid, so that adipocere may be produced by simple decomposition of the muscular tissue. The more generally received opinion is that it is simple decomposition of the muscular tissue into ammonia, which unites with the fat of the adipose tissue. This opinion is favored by the fact, that in almost every instance of this kind the bodies are those of extremely fat persons. Such was the fact in a case, the only case of the kind which Dr. DALTON has previously seen, where the body was that of an enormously fat man. Another reason which makes it probable that the fat must come from the adipose tissue is that, as ORFILA ascertained, adipocere does not take place when the animal matter consists of muscular tissue only.

A body buried by *itself* will rarely be converted into adipocere, because the ammonia-compounds produced by the decomposition of the muscular substance are dissolved in the fluids of the body, and these fluids absorbed by the soil, and do not unite with the fat so as to form adipocere. But if a body is surrounded by other bodies, the bodies above, decomposing, produce ammoniacal fluids. These being washed down by the rain, filter through to the ninth or tenth coffin, the water of course in its descent becoming more and more loaded with ammonia, and this uniting with the fat of the lowermost bodies, produces adipocere. The bodies under the surface of the water do not undergo the transformation, probably because this substance is soluble in water.

This material, of which the body is composed, is very inflammable. A piece put on charcoal, placed before the flame of the blow-pipe, takes fire and is consumed readily, leaving scarcely any appreciable residue.

[*Phil. Med. and Surg. Reporter.*]

ABSTRACTS AND SELECTIONS for the PENINSULAR AND INDEPENDENT.

By M. A. PATTERSON, M. D., Tecumseh.

DIABETES. By Dr. A. CLARK.

Dr. CLARK called the attention of the members of the *N. Y. Medical & Surgical Society* to the history of two cases of diabetes, in which he had resorted to a somewhat novel method of treatment with apparent benefit. The first case was that of a physician, aged sixty-two, residing in the central part of the State of New York. He had naturally a robust constitution, and when in health had an average weight of 220 pounds. He stated that for the past forty years he had been actively engaged in the practice of his profession, and that he had enjoyed uninterrupted health until last spring, when his suspicions were excited by the occurrence of frequent micturition, accompanied with an increase in the amount of urine passed. He examined some of his urine, and detected the presence of sugar, fermentation taking place readily when the fluid was allowed to stand in a warm room. Its specific gravity was 103. Gradually he grew worse, muscular power being considerably diminished, and during the months of June and July the urine still continued saccharine, and increased in quantity to a gallon per diem. At this time his strength was overtaken in attending the practice of another physician. He continued at work, however, until about three weeks ago, when his failing health induced him to abandon his practice, and come to New York for advice. He arrived here three weeks since, and consulted Dr. CLARK. The quantity of urine passed at this time was about the same, as also its specific gravity, and chemical examination revealed the presence of a considerable amount of sugar. The fluid responded to the fermentation test in twelve hours, torulæ were formed in six hours, and the application of Trommer's test, yielded a pretty abundant deposit of the red oxide of copper. Amongst the prominent symptoms were dryness of the mouth and skin, thirst and constipation of the bowels, the fæces being unnaturally hard. In the management of his case, Dr. CLARK was led, from the experience of a previous one, to advise the use of bi-carbonate of soda in doses of 11 grains, repeated as often as possible, provided the urine was not rendered alkaline, or the stomach nauseated. He also ordered counter irritation to be established at the back of the neck, the idea of doing this having been suggested by the

experiments of Bernard, who was able to cause a diabetic state of the urine by irritating the medulla oblongata. A mixed diet was allowed, vegetables in moderation, and hard biscuit being included, and the patient was cautioned respecting the use of water, which was to be taken only at meal times, and at no time freely. With these directions, he went into the country on the 31st of August, and remained until Wednesday of that week, when he again visited Dr. CLARK. During the interval of absence a vast improvement had taken place. He could now sleep eight hours, and on rising, pass less than a pint of urine, the quantity passed daily not exceeding three pints. He complained no longer of thirst, his lassitude was gone, his bowels were natural, and his weight had increased seven pounds; his urine, when examined, was found to have a specific gravity of 102.20, and when subjected to Trommer's test, gave the black instead the red oxide of copper. The absence of sugar was farther evidenced by the fact that the fluid was allowed to stand in a warm place over 48 hours without fermentation. *Torulæ* were likewise absent, and in their place was a moderate number of crystals and oxalate of lime. The patient was sent home to continue the same plan of treatment.

The second case was not as striking as the first, but yet was one of diabetes, treated in a similar way and with similar results. The patient was a gentleman, who had once been under the care of Dr. VAN BUREN, and was seen by Dr. CLARK two years ago. He then stated that he had suffered from the disease nine years previously, and that, under the use of bi-carbonate of soda, he had recovered and remained well for more than six years. At the time he applied to Dr. CLARK, he was passing about a gallon of urine daily, which, on examination, was found to contain sugar; he also suffered the usual symptoms of the disease. He was put upon bi-carb. soda, and a stimulating liniment, which, when rubbed upon the back of the neck, produced a sore that lasted for several weeks. During this period, he improved rapidly. Dr. CLARK remarked that the results in these two cases were so satisfactory that he thought himself warranted in recommending the same means of treatment for further trial.

At a subsequent meeting of the Society, Dr. CLARK made a further report concerning the treatment of diabetes by blisters to the neck and administration of bi-carbonate of soda. Since the time of the last notes he had had three cases, in which to test it. The first passed a gallon of urine a day, and used soda for three weeks without benefit. The stomach was disordered by it, and the patient unable to continue the treatment.

The second passed seven quarts a day, of specific gravity 100.43, took soda for two and a half weeks, after which amount went up to eight quarts of specific gravity 100.4. This case left the hospital before treatment could be conducted to a close, or the remedy fairly tested.

The third case, which passed ten pints per diem, under blisters and soda, did not improve at first, but the dose of soda, being carried up to 3 iiss. a day, the urine soon diminished in amount to six pints of specific gravity of 100.28. That day only two quarts had been passed, and he seemed improving.

Dr. MARKOE stated that he had tried this treatment in a case of simple diuresis with very decided advantage. Under it the urine rapidly decreased from six to three quarts. No blisters were used.

[*N. Y. Med. Press.*]

LECTURE ON SPINAL DISEASES.

We take the following extracts from a lecture delivered at the Cooper Institute, by CHAS. F. TAYLOR. We consider them interesting and instructive.

Dr. TAYLOR commenced by saying that the common impression that exercise affected only the muscular tissue was entirely wrong; for as the muscles act only under the stimulus of the nerves, the latter first receive the impression of the will, and consequently are really affected before the muscles are reached. Injure the nerve, as in paralysis, so that the will cannot reach the muscles, and the latter forever remain unmoved, and thus waste away. Now, this joint action of the nervous and muscular system must be taken into consideration in proposing any exercise for an invalid or or physically undertoned person; for we have it in our power so to separate these manifestations that we need not employ both together, but can use that which is most desirable in any given case. Practically, we find it necessary, as disease is always attended with debility of the nervous system, to use such exercise as will accomplish the most change in the muscles, while making the least draughts on the nervous system. We have an unerring rule to guide us in this respect. Rapid movements, implying rapid will, exercise, and therefore exhaust principally the nervous system; but any the greatest amount of fatigue does not imply that there has been a corresponding change in the muscles. For example, a person ill of a chronic disease, consumption, may be wholly incapable of taking enough exercise to affect sensibly the muscles — that is, to cause them to take up an increased amount of nutrition from the blood; but still, would not the effect of exercise upon the muscles, on the circulation and the general nutrition, be just as desirable as though he were able to obtain it? The patient has a serious disease of the lungs — with cold hands and feet, contracted chest and feeble muscles. What shall he do? It is desirable to make those muscles hungry for the blood which would be sent them could they only be used. Any trifling ordinary exercise, however, exhausts him, so that very little benefit is derived from it, and often positive damage. But let such a person be seated in an easy position and his muscle be put into the proper action by an assistant bending the various joints of the body. This should be done easily and gently, because the longer a contracting muscle is held in that state, the greater its effect on its substance. Thus his muscles may one by one be made to act in the most powerful manner — many times more powerful than if all acting at the same moment, with very little effort, and no fatigue on the patient's parts, till all have been brought under the same influence.

The application of this philosophical mode of treating disease is extremely simple.

Thus debility and irritability of the nervous system is relieved by irritating the muscles—that is, by directing the nervous power to be expended on the muscles, instead of being wasted in receiving external impressions. Lateral curvature of the spine, said to afflict so large a proportion of boarding school girls, and caused by weakness and unequal action of the spinal muscles, is only partially benefitted by ordinary exercise; but, by understanding the anatomy of the parts, and how to put the different groups of muscles into proper motion, and make them act equally and harmoniously, the curvature is speedily restored. To effect this, no violent motion, but, on the contrary, gentle action is required.

Anything which will gently, gradually, almost unconsciously, give tone and vigor to the circulation and the muscles, plumpness to the form, fullness to the chest, steadiness and grace to the carriage, and instead of that lassitude and the languid expression so common, a tone of life and health, while relieving those peculiar maladies arising from their common weakness, would be a great boon to our countrywomen. This treatment does not clash with any existing theories, but comes in merely to fill up a void.

[*N. Y. Med. Press.*]

EMBOLI.

The substance of Prof. SCHUTZEMBERGEN'S conclusions respecting this singular affection of the arteries is embraced in the following summary, published in the *Medical Times and Gazette* of July 23:

1. Fibrinous concretions or solid bodies formed in the heart or great vessels, may be detached from their seat, carried along in the current of blood, and so obstruct different secondary branches of the vascular system.
2. This fact is neither absolutely rare nor exceptional; it constitutes a special and very peculiar affection of the arteries, which has been called by VIRCHOW, "Emboli."
3. This affection, which was for a long time misunderstood, is now shown to exist both by scientific induction, and by clinical and microscopic observation.
4. It has been observed as a consequence of gangrenous inflammation of the pulmonary veins; of organic affections of the left side of the heart; and of atheromatous degeneration of the large arterial trunks.
5. Its most frequent cause is derived from fibrinous or calcareous concretions, and polypoid excrescences developed on the mitral valve, and carried along in the current of blood.
6. When the patient does not succumb under a first attack, another generally follows; thus the attacks are multiplied.
7. The arteries most frequently found affected are: The Sylvian artery, the internal carotid, the arteries of the upper and lower extremities, the splenic renal, external carotid, and mesenteric.
8. The obstruction ordinarily occurs at contracted points of the arteries.
9. If in consequence of the obstruction a collateral circulation is established, only temporary disturbance is produced.
10. But if no collateral circulation is established, then follow organic alterations, mortifications and gangrene, dry or humid, partial or general.
11. In the parenchymatous organs the obstruction of the arterial branches produces sanguinary or circumscribed fibrinous infarctus.
12. In the brain, the infarctus usually occasions yellow softening.
13. In the spleen and in the kidney the infarctus produces a special lesion, exactly circumscribed, ordinarily of a conical shape, varying in color according to its age, and often denser than the rest of the parenchyma.
14. Emboli in the cerebral arteries produce functional disturbances analogous to an attack of

apoplexy. The symptoms do not differ from those of cerebral hemorrhage, or acute softening.

TREATMENT OF HEMORRHOIDS.

A correspondent of the *Semi-Monthly Medical News* writes as follows:

As several medical journals have recently called attention to M. CLEASNAIGNAC's treatment of hemorrhoids by the use of the ecraseur, I am induced to present to your readers what I regard as a more excellent way, making the operation an exceedingly simple one—almost bloodless—and rarely, if ever, preventing attention to ordinary business.

This operation consists in dividing with the scalpel the integument, whether cuticle or mucous membrane, covering the tumor to an extent in length of incision, about double that of the tumor, carefully avoiding division of the vein; gently separating with the handle of the scalpel the sides of the tumor from the cellular tissue; and then, with a small, goose-bill forceps, seizing the tumor and jerking it out. The dilated knuckle of vein constituting the tumor, brings with it from one-fourth to half inch of the vessel on each side of itself. The vein usually retracts instantly without the escape of a single drop of blood from either of its ruptured extremities. A piece of wet lint applied for a few days completes the cure.

This operation was first performed, so far as I know, on myself, in 1851, by a young professional friend under my direction, conducted by the aid of a mirror, and without interruption to attendance upon a large country practice.

In 1853 it was again attempted in another attack by a student in my office, who failed in the essential point. He opened the vein and merely removed the contents of the tumor. I was obliged to mount my horse immediately afterwards, and ride about thirty miles over very muddy roads, extending my absence from home to a period of nearly twenty-four hours, during the whole of which time blood escaped slowly from the incision, and severe inflammation followed. Quite a number of tumors were quickly developed, some of them at a point several inches above the external sphincter in the bowel, threatening destruction of life for a while. Relieved by the application to the anal region of a dozen leeches, but complete recovery was tedious, occupying some months.

Since the first operation I have removed about thirty tumors in this manner, with trifling pain and without loss of blood, except from the division of integuments, and without confinement in a single instance.

I have avoided its performance while considerable surrounding inflammation existed, first reducing that by laxatives and leeches when necessary.

This operation, I am confident, will be found by all who will try it in the manner here recommended, and under the conditions named, to accomplish all that is attainable or desirable by operative procedure, without any of the difficulties which the ecraseur is designed to obviate or avoid.

ON THE TREATMENT OF CHRONIC ORGANIC DISEASES OF THE HEART. BY PROFESSOR LEBERT.

The treatment of chronic organic diseases of the heart offers one of the most difficult tasks to the practicing physician. It is, neverthe-

less, certain that a proper and thorough treatment of these diseases may do a great deal toward alleviating the condition of the patients, and toward prolonging their lives. Prof. LEBERT advises especially great care with blood-letting, purgatives, and all debilitating measures in the treatment of organic diseases of the heart. In valvular disease he employs venesection but very rarely. If, in the course of the disease, an acute inflammation, in the form of pericarditis or endocarditis, occurs, it is often useful to abstract blood to the amount of six ounces, by means of cups or leeches; if, after this, an energetic treatment is still necessary, much advantage will be obtained from the application of a large blister, and the endermatic use of half a grain of morphia daily. The author's observations on the use of digitalis we may omit, as generally known. Most allied to digitalis, in regard to its therapeutic effect, is aconite. Although it acts less heroically and more slowly than digitalis, and does not decidedly diminish the frequency of the pulse, aconite is, nevertheless, a remedy which is capable of lessening considerably the dyspnoea, palpitation, and the various subjective symptoms of the patient, even the tumultuous excitement of the heart. A very important point to be considered in the treatment of advanced diseases of the heart, is the general cachexia and debility of the patient gradually developed. LEBERT has examined for several years the muscular structure of diseased hearts, in order to see how far the gradual decrease of the functional capacity of the same depends upon changes in the muscular fibre itself. From these investigations, it results that very frequently a small degree of fatty degeneration of the primitive cylinders of the muscle of the heart exists, even in cases where the color and consistency of it does not indicate the fact. The gradual increase of general debility and of the local weakness of the heart, the progress of anæmia and hydræmia, lead to the question, what effect tonics, especially iron, would have in organic disease of the heart?

The better patients are nourished (with avoidance of strongly stimulating food) the longer they resist the evil influence of the disease. The patient should, therefore, not be restricted to a vegetable diet, but a moderate amount of animal food should be allowed with it. Of beverages, tea, coffee, alcoholic liquors, and wine in large quantities, ought to be avoided; whereas, infusion of cocoa, or decoction of roasted acorns, are very appropriate, particularly for breakfast. Light beer, or small quantities of old wine mixed with water, may be allowed at the table. Besides an analystic diet, the use of iron is indicated, particularly in the later anæmic, and cachectic period of the disease. LEBERT recommends especially iron reduced by hydrogen, (gr. ij. at each meal), or twenty to twenty-five drops of the *tinctura ferri pomati*, if necessary, in connection with equal parts of tincture of aconite. The tartrate of iron and potassa (three to five grains three times daily) is a very useful preparation; and as the effect of iron is perceptible only then, when

its use is persisted in for a long time, it is necessary, occasionally, to make a change in the preparation employed. The author has not derived much advantage from the application of blisters, setons, and moxas.—*Wein. Medizin. Wochenschrift*, 1858, No. 51; *Mendiz. Neuigk.*, April 2, 1751, and *New Orleans Med. News and Hospital Gazette*.

NEW DISINFECTING AGENT.

A correspondent of the *New York Express*, in a recent letter from Paris, describes a new method of treating ulcers, abscesses, &c., in the Hospital de la Charite of that city. It is said to be the discovery of two former *internes* of the Hospital, Messrs. CROME and DEMEAUX, and its action is represented as arresting the progress of decomposition, and preventing the generation of insects, thus making the substance, in fact, a complete and instantaneous disinfectant of animal matter. The formula is thus given by the inventors:

Plaster of commerce, reduced to a fine powder, 100 parts; coal tar, one to three parts. The mixture of the two substances is effected with ease by the aid of a mortar, or by any other appropriate mechanical means. The application of this composition to the dressing of sores or wounds requires a particular preparation. A certain quantity of the powder, prepared according to the formula, is diluted with olive oil to the consistency of a paste or ointment. This species of paste or salve is of a dark-brown color, has a slightly bituminous odor, and may be kept in a closed jar for an indefinite period. The oil unites the powder without dissolving it, and the composition has the property of absorbing infectious liquids the instant it is applied to the sores which produce them. The application may be mediate or immediate. In the latter case, that is to say, placing the composition directly in contact with the sore, no pain whatever is produced; on the contrary, the salve has a detergative action, cleanses the sore, and favors circulation.

[*Boston Med. & Surg. Jour.*

SATURNINE MEDICATION IN THE TREATMENT OF PULMONARY PHTHISIS: A Clinical Lecture. By M. BEAU, at La Charité. Translated by JAMES DUNN, M. D., of Petersburg, Va.

I announced to you for to-day a lecture relative to some therapeutic experiments on pulmonary consumption, upon which I have been engaged for some months.

You may have remarked that for some time I have prescribed for certain consumptives, in my service, the pills of Morton. This is only a euphonism to disguise from the patients the true nature of the medicine. The pills of Morton, as you know, are composed of balsamic substances; those that I employ contain only white lead, in the dose of 10 centigrammes to the pill. Till now, this substance has never been used internally as a therapeutic agent. You will no doubt ask what notion suggested its employment in tuberculosis. This is the explanation. Pulmonary tuberculization is not, by a great deal, an affection

necessarily mortal; each day pathological anatomy furnishes us proofs of it. At Salpêtrière, among 180 women arrived at the natural term of life, I found only three the summits of whose lungs had not been attacked by this disease. But the cicatrization which takes place in such cases, in lesions of small extent, may equally take place where the organs have been more gravely compromised; *cadaveric* inspection again demonstrates it. What is, then, the organic action which permits the cure of tuberculosis? It may act, without doubt, in several ways; and, in the majority of cases, the re-establishment of the digestive functions, which renders to nutrition its physiological activity, is the necessary prelude; in fact, pulmonary phthisis is, in my eyes, the product of two factors, of which the first is anemia—the second the tubercular diathesis. Suppress the first, and you will suppress the manifestation of the second. Without being formulated in terms so precise, this proposition has before now been in vogue in science; in fact, the best authors recognize, in a general way, that tubercles are developed particularly in those who have been for a long time subject to debilitating causes—that is to say, persons who are more or less anemic. It is thus that we can understand why a crowd of apparently differing means have succeeded in the treatment of pulmonary phthisis; such as quinine, cod liver oil, common salt, proto-iodide of iron, generous wine, certain mineral waters, &c.—all means which have triumphed over the disease by re-establishing the digestive functions, the color and forces. Here, then, you have a first method of cure for tuberculosis. But cannot the re-establishment take place under other circumstances? We know, in fact, that in pathology there exist incompatible affections; each malady, or rather each diathesis, may have its antipode. We wish to show that phthisis pulmonalis does not escape this general law. There exist certain anemias, which never lead to tuberculization, but, on the contrary, seem to offer an almost complete immunity in this respect.

In his very remarkable researches upon miasmatic diseases, M. BOUDIN has called our attention to the fact, that phthisis pulmonalis is entirely exceptional in this affection. Arrived at the last degree of debility, the inhabitants of marshy countries may, without doubt, succumb to miasmatic cachexia, but they do not become tuberculous before dying.

There are, without doubt, some exceptions to this rule, but in medicine we ought hardly to expect to find absolute laws. For a long time I have remarked that there existed a similar antagonism between saturnine intoxication and pulmonary tuberculization; and since the time when I made public the results of my investigations on this subject, my attention has been constantly aroused upon this point. Nothing is rarer than to meet with consumption among workmen whose profession compels them to work in lead; and for some time no fact of this kind has presented itself to my observation. Never-

theless, last year I received into the Cochin Hospital a house painter who was phthisical; but in this case the exception was only apparent; for, according to the patient's account, he had never experienced any symptoms of intoxication. His disease had then undergone no modification under the influence of saturnine preparations. I showed you not long since, in No. 22, St. Felix Ward, a lead founder attacked with pulmonary tuberculosis, which had been rapidly developed after a casting of metals whose irritating vapors he had inhaled. One might have thought that, in this case, the phthisis had resulted from an acute saturnine intoxication; but it was not so at all; it was a casting of mixed metals, containing, according to the patient, antimony, arsenic, and mercury; which proves, in passing, that the inspiration of certain metallic vapors can give rise to phthisis; but lead has nothing to do with this case. It is not very singular to see persons pale, emaciated, and so profoundly debilitated—as the workers in the preparations of lead generally are—never contract a disease which is particularly severe on feeble persons; and ought not we, therefore, to conclude, that between these two morbid states there exists an insurmountable opposition? From the notion of a special antagonism between tubercle and saturnine intoxication springs the idea of creating an artificial intoxication of the same kind, with a therapeutic object. I had, nevertheless, for a long time deferred the realization of this idea, [when two most remarkable facts, which have presented themselves to my observation this year, in my ward service at La Charite, dissipated all my hesitation. We received a man, at the commencement of the year, who, after having exercised another profession, found himself obliged by poverty to work at the manufacture of ceruse. But the patient, who had been phthisical for some time, and whose hæmoptysis dated back to 1848, has been freed from all symptoms of his thoracic affections since having the lead colic. Since this time he has followed several trades, and his poverty has caused several relapses; but there is a complete cessation of the spitting of blood. He is lying at No. 3, where you can examine him. For some time the tuberculization, dormant with this patient, appears to me to experience a recrudescence, which is due, doubtless, to the fact that the saturnine cachexia has had time to exhaust itself. My intention, then, is to revive it by administering to him daily some ceruse in pills.

A second patient entered the hospital to be treated for lead colic. We found he had been phthisical for some time, and we have left him under the influence of the saturnine intoxication, contenting ourselves with giving him nourishment only. But the daily examination of this patient shows us the gravest symptoms gradually disappearing, above all those that auscultation offered us. The marked râles (crackling) formed at both summits at the time of his entry, have ceased

entirely. A slight recrudescence manifested itself under the influence of the notable depression of temperature during the first days of the month of April; but the patient considerably improved without having submitted to any treatment, has just left for the Asylum for Convalescents at Vincennes. His cough had almost entirely left him; the quantity expectorated had considerably diminished; and, as we showed you, there were no longer any râles in the summits of the lungs. The patient now congratulated himself on the happy change brought about in his condition; and it was this that induced him to request his removal to the Asylum for Convalescents.

The consideration of these two last facts decided me to impregnate some of the patients in my service with lead. I have done it with success. I had prepared some pills containing 10 centigrammes of ceruse; and, by a rapid but progressive augmentation, I have come to give 8 per day. We suspended or diminished the dose as soon as arthralgia manifested itself, or when the patient appeared to us sufficiently impregnated—that is to say, at the simultaneous appearance of the lead lines of the gums and of the icteroid tint which characterizes, as you know, the first degree of saturnine poisoning.

It remains for me to speak to you of the results obtained in the course of my experiments. And I will reply now to any objections which may be addressed to me. Can we, with a clear conscience, resort to saturnine impregnation in the treatment of phthisis? Yes, without doubt, for we employ daily poisons much more dangerous (arsenic, nux vomica, and mercury) to obtain the cure of different diseases, which are far from having the same gravity as tuberculosis. Besides, our experiments have never been pushed to a point at which they might become dangerous to the patients. By suppressing the administration of the toxical agent at the appearance of the first serious symptoms, we suspended promptly the effects. We can now communicate to you the result of five observations—three men and two women. You may judge of the results obtained.

At No. 15, St. Felix Ward, is lying a patient with whom the treatment commenced the 29th of March. On the 17th of April the intoxication seemed to us sufficient. At the commencement, auscultation showed us several friction sounds (craquements) at the summit of the right lung behind. He had had hæmoptysis, and presented habitually vomitings in the attacks of coughing. To-day all these symptoms have nearly entirely disappeared; the phthisis is *dry*; there exist only dullness, and prolonged suppuration in the right supra spinal fossa. It is worthy of remark that this patient, habitually constipated, goes more easily to stool since his saturnine impregnation. It is a phenomenon that we will find in the others. Lead does not seem to act upon consumptives as upon individuals in death.

A second patient, at No. 12, St. Felix Ward, who offered a phthisis

but slightly advanced, although he had had several hæmoptyses, has been rapidly impregnated. At the commencement of the treatment, he offered moist crackling at the right summit, behind and before. To-day there exists only dullness and respiratory weakness in the same place. The cough and expectoration have diminished simultaneously in a remarkable manner, even for the patient, who has ceased to complain of them.

With a third patient, No. 1, St. Felix Ward, who has just left the hospital, the results of the treatment have been much less satisfactory. He presented a phthisis of the febrile form, the symptoms of which we found it impossible to improve. All that we can say is, that, after a stay in the hospital of two months, the patient left in almost the same state as at the time of his entry. We may ask, consequently, if the saturnine treatment did not assist in stopping the progress of this disease, habitually so rapid in its march when it assumes the febrile form, as it did in this case? We will add, that he resisted, a longer time than all of the others, the saturnine modification, and that six weeks of treatment were necessary, before the said lines and other signs of a sufficient impregnation appeared with this patient; the diarrhœa, which existed from the first, was in no wise modified by the medication at the time of his leaving. He still had four or five liquid stools daily.

It would seem, so far, that women are more susceptible than men to the modification caused by this medicament. We can to the present time only cite the results of his observations, although we have many other patients in process of treatment in our wards.

At No. 4, St. Felix Ward, is a woman, 30 years of age, who presented, at her entry, the symptoms of a well marked phthisis, without complications. She offered to auscultation prolonged and rude respiration, and four or five crackling sounds in the right supra-spinal fossa, with corresponding dullness. There existed besides, a spasmodic cough, very fatiguing to the patient, and giving rise to a great abundance of muco-purulent expectoration. For some time she had hæmoptysis, nocturnal sweats, wasting and fever in the evenings. The patient, who yielded readily to the impregnation, continued to suffer for about fifteen days after the suppression of the pills; but, in the height of her sufferings, although very much disturbed on account of the arthralgic pains, the constipation and colic, she said to us, of her own accord, in the midst of her complaints, *I cough no more now*. She left to-day in a very decided state of amelioration. There is no longer any crackling at the two summits; the expectoration has completely ceased; but there exists still a little comparative dullness at the right summit.

Finally. — At No. 12, St. Felix Ward, we have a young woman who presents the gravest case of all those whose treatment we have

undertaken. She had, in fact, an enormous cavity under the right clavicle. Already, for three years, the progress of the tuberculosis had been suspended by hygiene, voyages to warm countries, and a rational treatment. But seven months ago this young woman unfortunately became pregnant; and the moral pre-occupation which results from such a state, joined to all the material causes of debility which are the consequence of it, have exposed her to a new relapse. The patient commenced coughing again in January; she entered on service in March; the treatment commenced the 8th of April. In spite of her repugnance to the pills, the impregnation was quick, as soon as she took them in good faith. The arthralgic pains, which promptly supervened, obliged us to suspend the treatment; and the patient herself notified us that the character of the expectoration had been sensibly modified by the operation of the pills. The sputa, whose foetid odor excited, in passing, a repulsion almost amounting to vomiting, had lost all disagreeable odor, and sensibly increased in consistence, in proportion as it increased in abundance. It would be, without doubt, interesting to test the character of it before and after treatment, by the aid of the microscope, and by chemical analysis.

Such, then, are the facts we possess, while waiting to observe others. To recapitulate, I will say, that the influence of lead seems to exert its action above all on the purulent secretion, which constitutes in great part the expectorated matters. In phthisis it diminishes the quantity of it, and thus causes the cough to disappear with all its consequences. We cannot, evidently, pronounce the word *cure*, because tubercular lesions do not consist alone in a secretion of mucus, but *more* in an induration of pulmonary tissue, which results from an infiltration of accidental products. It would require, consequently, a more prolonged treatment and a more extended experience than ours has been, to be able to announce, with some appearance of reason, that we have completely triumphed over pulmonary phthisis. But we cannot, it seems to me, deny the useful influence of the treatment. We have at least stayed the progress of the disease—we have gained time; and this is one of the principal indications in therapeutics. We add, as auxiliary to this treatment, that it is necessary to try and nourish the patient the best possible—to give to him wine tonics, and to observe, with regard to him, all the rules of a rational hygiene. The only serious inconvenience that the treatment, so far, has produced, is the anorexia that it inevitably leads to. We might try to administer the medicament by frictions, as we do for mercury, with persons whose stomachs will not support it. The administration of lead in pulmonary phthisis is not an entirely new idea in science. Every body knows, in fact, that the acetate of lead has been employed for a long time in this disease; but we know, also, that it was consi-

dered as an astringent; it was not given as an alterative; there was no attempt to produce a decided modification in the organism, amounting to saturnine cachexia. It was definitely a palliative, designed to combat the sweats and the colliquative diarrhoeas of consumptives. In a memoir published in 1831, FOUQUIER extols the employment of this medicine with the objects which have just been indicated. We find in this work some observations of consumptives in the third stage, whose sweats and diarrhoea have been improved and suspended by the use of acetate of lead, in the dose of five or six grains, who have finally succumbed, after having experienced a momentary relief. You see there exists, in this respect, no correlative between the ideas of FOUQUIER, and those which have just been enunciated. I should doubtless have been able to employ the acetate of lead, but I preferred to use the ceruse, whose action on the mucous membrane of the stomach is much less irritating. The researches which we have just undertaken, we will follow to the end. We desire that our hopes may be realized.

[*Va. Med. Journal.*]

UVA URSI IN LINGERING LABOR.

The Editor of the *Nashville Journal of Med. & Surgery* for Sept. states that "M. GAUCHET has found a substitute for ergot, by which the dangers to the foetus may be avoided. He has tried it in at least one remarkable case, a patient of forty years, in her fourth labor, and found it successful. Taking half an ounce of the beans of Uva Ursi, he infused them in a quart of water, and gave a teaspoonful of the infusion every half hour. After three doses the contractions, which had ceased, became vigorous, and in three hours a living child was born."

CHLOROFORM IN THE TREATMENT OF ITCH.

Professor BACK reports the great advantage that has resulted from his treatment of itch by painting the surface with chloroform. Not only does the chloroform act beneficially by killing the acari, but by relieving the irritation of the skin which has been induced by scratching. The painting of even large surfaces was unattended with ill effects, and the temporary burning sensation produced was very supportable compared with the itching which it superseded.

[*Med. Times and Gaz.*, Jan. 15., 1859, from *Schmidt's Jahrb.* No. xi.]

SPINA BIFIDA TREATED BY COLLODION.

A translation from the *Journal fur Kinderkr.*, of an interesting description, of a case of Spina Bifida successfully treated by collodion,

appears in the Sept. No. of the *Va. Med. Journal*, from which we learn that "a strong, healthy child was brought to Dr. BEHREND when seven weeks old, having a swelling over the last lumbar vertebra and the upper part of the scrotum. It was the size of a small orange, of a roundish form, with a broad base, and disappeared under pressure of the finger. The skin over it was very delicate, transparent, and of a palish red. The aperture in the vertebra could be distinctly felt." Collodion, rendered less energetic by admixture with castor oil, was painted over the whole surface of the tumor, and some distance beyond. Similar applications, the compression from which was ultimately increased by "a small plate of caoutchouc wrapped in muslin, laid over the tumor, and kept on by a roller," removed the tumor in a few weeks, merely leaving some "thickened skin and a subcutaneous mass of almost cartilaginous hardness in its place, allowing the edges of the bony aperture only to be very imperfectly felt."

NAUSEA AND VOMITING DURING PREGNANCY.

In an article on [this subject, published in the Sept. No. of the *Boston Med. & Surg. Journal*, Dr. WARREN, after speaking of the modern recommendation of applications of tinct. of iodine to the os uteri in cases attended with inflammation of the mouth and neck of the womb, objects to the use of iodine as the complaints of the patient "of a metallic taste of the iodine in the mouth, show it to be about as great an annoyance as the sickness we endeavor to remedy by its use." Slight pencillings with nitrate of silver is regarded as equally efficacious, without liability to the same objection.

In cases attended with much neuralgic pain and excessive leucorrhœal secretion Dr. WARREN strongly recommends the following: \mathcal{R} Tinct. Benzonii, 3 ij; chloric ether, 3 j; acet. morphia, grs. ij. M. It should be painted upon the os and cervix once in three or four days. Dr. W. remarks that he has also used with benefit, injections of ferri alumenis, 3 j; inf. opii, 3 j; aqua dist. \mathfrak{z} viij. M. He substitutes iodide of zinc for the alum—five grains to the ounce, when there is a degree of spasmodic action in this organ or in the neck of the bladder.

ON THE USE OF POTASH IN SOME CUTANEOUS DISEASES.—By JAMES C. WHITE, M. D.*

It may be seen by the microscope that a drop of a solution of an alkali, when in contact with animal tissues, causes their solution and disappearance. The same effect is produced if we apply caustic potash to the living skin, the fatty tissues being saponified, and the albumin-

* Read before the Boston Society for Medical Observation, October 3d, 1859, and communicated for the Boston Medical and Surgical Journal.

oid principles forming also definite chemical compounds, which are soluble in the excess of serous fluid poured out under the influence of this stimulant. Hence its caustic properties, so valuable when portions of living tissue are to be destroyed, and the knife may not be used. Of potash, however, in its dry form, or as Vienna paste, we do not intend to speak, but to consider its use in solution, by which the severity of its action may be exactly controlled and delicately graduated, or in the form of *sapo viridis* applied externally in the treatment of certain affections of the skin.

The application of the stronger solutions of potash, one part to two of water for instance, to the living skin, acts as a proper caustic, destroying the superficial layers of epidermis, and producing an abundant liberation of fluid in which the albuminate of potash and soapy matter are found dissolved. The skin, under its action, looks as if its sweat-glands were working vigorously, like the forehead on a summer's day. This same drastic action of many of the potash salts on the mucous membrane, explains their cathartic and diuretic effect when given internally. The lymph, which is poured out over the raw surface, soon hardens and forms a thin pellicle like collodion, beneath which granulation goes on, protected from the free air. The weaker solutions and the soap fortunately do not act vigorously upon the healthy skin, but in a most discriminating manner affect the dried and diseased tissues.

Sapo viridis, or schmier-seife, plays a most important part in the treatment of cutaneous diseases in Germany, in hospital and private practice. Especially does HEB, Professor in the Department of cutaneous Diseases in the Vienna School, and who is about to publish a work on their pathology and treatment, which in point of magnificence and extent will far surpass any medical work ever published, especially does HEBRA show its efficacy in many of the many cases which make his clinique so celebrated. It is prepared by boiling fish or other animal oils with an excess of lye composed of caustic potash and the crude carbonate. It varies in color and purity, according to the ingredients and mode employed in its manufacture, and, as found in commerce, is often of a dark green or black color. The present specimen, obtained of L. BABO, German apothecary, 311 Tremont street, is a first-rate article, and contains no free potash, which secures its even action upon the skin, and prevents the excoriations which sometimes follow the violent inunction of this remedy when the alkali exists in an uncombined state. The best preparations have a bright amber or green color, a uniformly soft consistence, and a strong odor of potash. Rubbed upon the healthy skin, it produces a slight reddening only, but if the friction be continued a long time and vigorously pushed, excoriations and various eruptive appearances (as miliaria, urticaria and eczema) may present themselves.

The affections of the skin in which these alkaline preparations are

most useful, are the following: molluscum contagiosum, or seborrhœa; acne; eczema; scabies; prurigo; psoriasis; pityriasis versicolor. When the openings of the sebaceous glands are stopped, we very often find a plug of sebum distending the duct and mouth, which, acting as a foreign body, produces inflammation of the gland and surrounding skin. This is followed by degeneration of the follicles, and forms the disease called seborrhœa, or strophulus albidus of Willan. These comedones are most often met with on the nose, and affect principally persons of a gross habit. Not unfrequently many such diseased follicles unite to form a single tumor, from which exudes a milky fluid. This is the molluscum contagiosum of some writers, and is best treated by snipping off its head, pressing out the contents of each sac, and applying a solution of potash, one part; water, two parts. When a great number of comedones, or black points, exist on the face or elsewhere, a steam bath should be first taken, and subsequently the surface be smeared with the soap, or washed with a solution of potash in glycerine. In this way the sebaceous matter is removed, and the skin may, by the after use of a wash of ether, alcohol and sulphur, be restored to its natural state.

Acne disseminata, which is an inflammation of the hair follicles, is generally caused by the formation of comedones, which, if not emptied, produce suppuration, and subsequent scars. The treatment must, therefore, be first directed to the removal of the comedones, which is best done by a wash of one part of potash to eight parts of water, or by use of the soap. Afterward, the sulphur lotion above mentioned may be used over night, and washed off the following morning with the potash solution. When the eruption is extensive, we may rub in this soap, and leave it as a fomentation two or three days. When, by this means, the epidermis has been removed, the sulphur preparation should be applied.

Against *prurigo*, which is an incurable disease, returning always in the same individual, though often driven away by treatment, external applications are our only offensive weapons, and among these schimer-seife is perhaps the most reliable. It should be rubbed into the affected portions of the skin the first three days of the week twice daily, and be allowed to remain in contact, without washing away, the remaining four. This method, in connection on alternate weeks with daily morning dressings of cold water and cold baths, if continued for months, will be found by far the most effectual in banishing this distressing disorder.

In *psoriasis*, also, either this same mode of treatment is adopted by Hebra, or the use of the soap combined with applications of some form of tar, and with most excellent results. The internal administration of arsenic or cantharides he considers of questionable advantage.

It is in the treatment of *eczema*, however, in its varied forms, that the curative effects of applications of potash is most marked, and the

mode of their employment is very simple. Of these, the following solutions are those generally used in the Vienna Klinik, which has done so much to simplify the treatment and classification of cutaneous diseases:

- No. 1. Potassa pura 3 i. aqua Oi., as bath or fomentation.
- No. 2. Potassa pura 3 i., aqua $\frac{3}{4}$ ss., for circumscribed patches.
- No. 3. Potassa pura 3 i., aqua 3 ij., a caustic application.

In addition, potash in the form of schmier-seife and spiritus saponatus. Selection from these is made according to the extent and nature of the case. The two forms of eczema rubrum and eczema squamosum, into which the primary and acute stages generally run, are those which present themselves after the removal of the crusts, which is the first step in the treatment. This is easily effected by the application of warm oil and spiritus saponatus. We then, for the first time, can ascertain the condition of the skin, which is the seat of the disease. If the cutis is much thickened by exudation, as we find by lifting a fold, the severer remedies must be chosen. The excessive vascularity and enlargement of the capillaries, which cause the redness, heat, swelling, and large effusion in eczema rubrum, must first be overcome by the constant application of cold water, either in form of fomentation or douche. Then solution No. 2 should be applied once or twice, by means of a hair pencil, or the soap be substituted thrice a day; using, at the same time, cold water to heal the excoriation they may perchance cause. Eczema on the face must often be treated by the caustic solution No. 3, quenching the subsequent reaction by cold water. Scars never follow its use. If the disease affect the whole surface of the limbs or body, it may be treated by saturating flannels with schmier-seife, and applying them, covered with gutta percha cloth, to the patches. These should be removed twice daily for the first few days, after which they may be suffered to remain in contact for three or four days. This plan is to be continued till cure results, unless excoriations show themselves, in which case the cold water applications must be resumed. In the dry, scaly form, eczema squamosum, preparations of tar are used with great benefit, in most cases, to hasten the desired end, and among these are the oleum cadini, or oil of cade, and the oleum fagi, which is the Russian tanning oil. These should be applied, diluted with alcohol, and laid on very thin, for on the skin of some persons they may of themselves excite an eczema. Tar, when applied to the whole surface of the body, often causes strange symptoms, as vomiting of black matter, black urine, and black diarrhœa; these secretions containing tar unchanged. Relapses may, it is true, follow this treatment, as they do any other; but it prevents the recurrence of the disease as effectually, and works more rapidly, than all others. Chronic eczema of the scalp, for instance, which so often baffles the empirical attempts of a physician for months, may in this manner be cured in as many days, and this without the aid of internal medicine.

There is a saying, common in Germany, that the schmier-seife is for the itch what the comb is for the louse; and all over its densely-populated soil, where the system of crowded barracks and wandering journeymen makes *scabies* as common among the lower classes as it once was here, this is the remedy used in its treatment, both in hospital and household. Upon its ready action are based the many quick cures, which boast to kill the disease in three or four hours. These methods, however, are not advisable, for often relapses follow, and eczema and excoriations are produced, which are far more difficult to heal than the original disease. The well-known plan adopted by Hebra is the following: The patient takes a warm bath, rubs thoroughly every part affected with a coarse flannel cloth saturated with schmier-seife, and, after washing off, smears the same parts with one of the following ointments or tinctures. This process is to be repeated every evening till itching ceases. Three baths are all that are generally allowed, else the skin becomes too much macerated and easily inflamed. Four days are usually sufficient to cure very bad cases even, and the circumscribed ravages of the animal may be stopped at once. The eczema, papules and pustules, which the parasites indirectly cause, are often not so easily dealt with, and require an after-treatment of their own. The following is the "Vienna Salve": Sapo virid., axungia, each three parts; flor. sulph., pix liquida, each $1\frac{1}{2}$ parts; creta alb., 1 part. M. HEBRA's own ointment is of a similar composition: Flowers of sulphur, oil of beech or of cade, each $\frac{3}{4}$ vi.; schmier-seife, fat, each $\frac{3}{4}$ xvi. M. Chalk is added when necessary, to remove the epithelium more rapidly, as with soldiers or the great unwashed. In cases where fat can not be used, he recommends the substitution of alcohol in the same amount. Either of these preparations may be used in connection with the soap, and the result of such treatment will be fully satisfactory to every one who may try it. The alkaline soap, when applied to a burrow, produces at once an exudation into the same, which causes its immediate recognition. Its later effects are to dissolve the epithelium, and allow the sulphur to work directly upon the animals. The tar, or beech and juniper oils, are added, to prevent the generation of excoriation or eczema by the excess of alkali and friction.

Whatever may be said about the ætiology of other cutaneous diseases in which vegetable parasites are detected, it is positively certain that pityriasis versicolor is caused by the fungus called *microsporon furfur*. This is no place to go into any description of the disease, or to state how it differs from chloasmata, with which it is often confounded. No two diseases, however, are more distinct. The intolerable itching which betrays the presence of the fungus, will cease at the death of the plant, which is easily caused in a short time by daily inunction with schmier-seife. Its effect upon the patches is wonderful.

It has been my object thus to show how valuable and general a remedy we have in this soap, and to endeavor to introduce it to the

profession as an instrument both cheap and cleanly, and of sure promise, certainly a long-looked-for desideratum in this class of diseases.

[*Boston Med. & Surg. Jour.*

ORIGIN OF PLANTS—*A Hint to those whom it may concern.*

The following list of *Indigenosities*, (everybody has a right to coin words, we believe, these days), reminds us of the *student-experience* of one who, though now a distinguished Professor, was once, it appears, often at a loss when questioned as to the origin of Medicinal Plants. He finally says, that he fell upon an expedient in which *guessing* was the basis-element. He found that most of the potent medicines of the *Materia Medica*, at that time, say, near thirty years ago, came from a particular region; and therefore, whenever asked by his Professor whether such or such is indigenous, his invariable and confident answer was, "From the South of Europe, Sir!" He seldom failed to give satisfaction, nor did the wisdom of his Philadelphia Professor ever even suspect the *ruse*.

He is himself now, as we have said, a Professor, and, we believe, *Materia Medica* is his department. Would it not be curious if some of his own pupils should, in their turn, gain *his* commendation by a similar device? Remember, then, "The South of Europe," more physic comes from there "than is dreamed of in the philosophy" of most students. *Verbum sat.*

Origin of Plants.—Madder came from the East. Celery originated in Germany. The Chestnut came from Italy. The Onion originated in Egypt. Tobacco is a native of Virginia. The Nettle is a native of Europe. The Citron is a native of Greece. The Pine is a native of America. Oats originated in North Africa. The Poppy originated in the East. Rye came, originally, from Sardinia. Parsly was first known in Sardinia. The Pear and Apple are from Europe. Spinach was first cultivated in Arabia. The Sunflower was brought from Peru. The Mulberry Tree originated in Persia. The Gourd is probably an Eastern plant. The Walnut and Peach came from Persia. The Horse Chestnut is a native of Thibet. The Cucumber came from the East Indies. The Quince came from the Island of Crete. The Radish is a native of China and Japan. Peas are supposed to be of an Egyptian origin. The Garden Cress is from Egypt and the East. Horse-radish *came from the South of Europe.*

[*Southern Med. and Surg. Journal.*

"FIRING UP" WITH MUMMIES.

It is a curious fact that the bodies of the most enlightened nation of its time, many centuries ago, are now made to aid in getting up steam in the present fast age. On the new railway in Egypt, the first locomotive run used mummies for fuel. The bituminous matter used to embalm them and to seal the wrappings makes them very inflammable. The supply of mummies is said to be inexhaustible, and they are used by the cord!

[*Med. and Surg. Reporter.*

Pharmaceutical Department.

Eighth Annual Meeting of the American Pharmaceutical Association.

This meeting was held in Boston, on Tuesday, Wednesday, Thursday, and Friday, September 13th, 14th, 15th, and 16th.

The enviable notoriety which Boston possesses, in regard to its social and intellectual attractions, combined with anticipations of an unusual number of important reports to be presented and read at this meeting, rendered the attendance for the Association at large very full; while, as might have been expected, the craft in Boston and vicinity filled the spare benches at the Convention.

The first and second sessions were opened by Dr. ROBERT BATTEY, of Georgia, who, in place of an address by the President, delivered a series of remarks replete with pithy suggestions.

The result of the election showed the following to be the list of officers for the ensuing year:

SAMUEL M. COLCORD, Boston, President.

WM. PROCTOR, JR., Philadelphia, 1st Vice President.

JOSEPH ROBERTS, Baltimore, 2d " "

EDWIN O. GALE, Chicago, 3d " "

CHARLES BULLOCK, Philadelphia, Recording Secretary.

WM. HEGEMAN, New York, Corresponding Secretary.

ASHAEL BOYDEN, Boston, Treasurer.

Committee on the Progress of Pharmacy.

EDWARD PARRISH, Philadelphia, A. P. SHARP, Baltimore,

E. L. MASSOT, St. Louis, JAS. W. CULLAN, Washington,

WM. HEGEMAN, New York.

Executive Committee.

CHARLES T. CARNEY, Boston, CHAS. A. TUFFTS, Dover, N. H.

S. S. GARRIGURS, Philadelphia, GEO. W. BERRIEN, JR., New York,

CHAS. BULLOCK, Philadelphia.

During the meeting there were one hundred and ten new mem-

bers elected, two of whom, SAMUEL P. DUFFIELD, Ph. D., and URIAH B. WILSON, Esq., were from our State.

After the finishing of the usual preliminary business, the first communication of interest was from the Agricultural Department of the Patent Office, at Washington, D. C., through the special committee appointed by the Association to confer with that department, with the view of introducing foreign medicinal plants. This was a letter from A. B. GREENWOOD, Esq., Commissioner of the Indian Bureau, who sent, during the spring, circulars to the various Indian Agents of the United States, soliciting them to obtain information in relation to the qualities, habitat and abundance of indigenous medicinal plants from the various tribes of Indians in the Union. The first response to these queries was from the noted "KIT CARSON," which was as follows, accompanied by a package of Botanical Specimens:

"UTAH AGENCY, TAOS, N. M., June 15, 1859.

SIR:—Circular from your office, dated April 30, 1859, I have the honor to acknowledge. The only reply I can make is to send you roots and herbs, stating for what used by the Indians. The names are only known by themselves. They are gathered in the mountains. The samples I send are used by the Jichorilla Apaches. I will send, from time to time, such as are brought to me by the Indians. They are found in latitudes 37°, 38°, 39°. Obtained in small quantities, seven hundred miles from navigable streams; and the only facility of sending them to market is on pack mules.

Have the honor to be, very respectfully,

Your obedient servant,

Hon. Com. Indian Affairs,
Washington, D. C."

C. CARSON, Indian Agent.

The Committee upon the Progress of Pharmacy presented a lengthy report, consisting, as usual, of condensed notices of all new improvements and inventions in Pharmacy, and in the sciences and arts accessory to it. This report evidently, from its completeness, required much labor in its compilation; it was not read at length. We learn from it that Chicago has, through its Druggists, formed a College of Pharmacy, with the expectation of instituting a course of lectures.

The amount of Cod Liver Oil produced annually by the New England fishers, reaches 24,000 gallons. Castor Beans, (under the name of Medicinal seeds to save duty) are now largely imported, and the oil expressed here, the cultivation of the Castor Bean in this country appearing to be on the decline.

The efforts of the committee, appointed for the purpose, to procure an act of incorporation from Congress at its last session, were without avail. A new committee was chosen.

The report of the Treasurer showed that the expenses of publishing the last proceedings were considerably in excess of the in-

come, but that the new Publishing Committee would probably have from \$1,000 to \$1,200 wherewith to publish those of this meeting. The yearly increasing number and bulk of papers, reports, &c., presented to the Association, will eventually, it is believed, require the adoption of some plan to increase the income of the Association, either by increasing the annual dues to three or five dollars, or by requiring all who wish copies of the proceedings to subscribe a certain fixed amount for the purpose. Quite a large number of the proceedings of 1858 yet remain on hand, and it is desirable that members assist in the sale and distribution of them among the profession at large.

The Committee upon Home Adulterations, CHAS. T. CARNEY, presented such a full, able, and interesting report, that we are tempted to insert it here entire, as reported in *The Druggist*.

The Committee on Home Adulterations, by Chas. J. C. Carney, of Boston, reported. Adulteration was defined, in the language of Dr. Hassell, of London—substitutions, impurities, and accidental contaminations being excluded,—as “the intentional addition of an article, for purposes of gain or deception, of any substance or substances, the presence of which is not acknowledged in the name under which the article is sold.” Great scientific skill is shown in many of the adulterations; in other cases the most pernicious articles are substituted for the genuine. A list of articles of food habitually adulterated, was given as follows:

Colored Confectionary—Adulterated with emerald or scheles green, arsenite of copper.

Beer—with coculus indica and nux vomica.

Pickles and Bottled Fruits—with verdigris and sulphate copper.

Custard Powder—with chromate of lead.

Tea and Snuff—with the same.

Cayenne and Curry Powder—with red oxide of lead.

Sugar Confectionary—with gamboge, orpiment, or sulphuret of arsenic and chloride of copper.

Flour and Bread—with hydrated sulphate of lime, plaster of Paris and alum.

Vinegar—with sulphuric acid.

Sugar—with sand and plaster of Paris.

Milk—with chalk, sheep's brains, ground tumeric.

Arrow Root—with ground rice.

Chocolate—with rice flour, potato starch, gum tragacanth, cinnabar, bals. Peru, red ox, mercury, red lead, carb. of lime, and the red ochres, to bring up the color.

Mustard—with ground turmeric, to give it a brilliant color.

Butter—with potato starch, mutton tallow, carb. lead and sugar of lead.

While the committee hesitated to give the names of the parties guilty of this practice, it was recommended that the Association should take some action in reference to the subject.

Some curious instances of adulteration had come to the knowledge of the committee during the year.

During the past year, in a wood-turner's shop, in Boston, was seen more than a barrel of East India Rhubarb, which was being turned down into “true Turkey.”

This rhubarb was sold for genuine and real Turkey rhubarb.

A druggist was applied to by a man for a situation as porter in his store.

"What can you do? What have you been doing at your last place?" were the questions asked.

"Oh," replied the man, "I have done everything about the store that was needed, until the past year, I have worked up stairs in *the room* making Turkey Rhubarb."

"Making Turkey Rhubarb. What do you mean by that?"

"Why," replied the man, "we used to take the East India, and *file* and *bore* it into true Turkey."

The man was not engaged.

The following list of drugs adulterated was presented:

Acetate of morphia, is adulterated with acetate and phosphate of lime. Benzoic acid, with asbestos, carbonate and sulphate of lime, hipponic acid and sugar.

Citric acid, with oxalic and tartaric acid and sulphate of lime. It often contains sulphuric acid and salts of lead or copper. In 1850 M. Pennes discovered the presence of lead in this acid, obtained of three highly respectable dealers. The acid was very white, and was intended to prepare the purgative lemonade.

Tartaric acid, with cream of tartar, acid sulphate of potassa, and with lime.

Aloes, with colophony, ochre, extract of licorice, gum arabic, and calcined bones.

Starch, with carbonate and sulphate of lime or alabaster. The more common fraud is, however, to saturate it with moisture.

Arrow root, with potato starch, and rice flour.

Assafœtida, with gum resins of poorer quality with sand, and other inert substances.

Balsam Copaiva, with the resinous extract by decoction of the bark and branches of copaifera, turpentine, colophony and fat oils.

Balsam Peru, with colophony, turpentine, benzoin resin, alcohol, and fixed oils.

Balsam Tolu, with turpentine, colophony, and other resins.

Chloroform, with chlorhydric ether, hypochlorous acid, hydrocarbonated oils, compounds of methyle and aldehyde, and fixed substances.

Beeswax, with resin, burgundy pitch, earthy matter, flours of sulphur, starch and amylaceous substances, tallow, stearic acid, yellow ochre, calcined bones, and sawdust.

Tart. emetic, with cream tartar, oxide antimony, tartrate of iron, chlor. calcium and potassium, and sometimes is contaminated with salts of copper and tin.

Essential oils, with alcohol and fixed oils.

Iodide potassium, with chloride of potassium and sodium, and calcium, carbonate of potassa and bromide of potassium. The latter salt being sometimes in so large a proportion, owing to its lesser price, as to *replu* almost entirely the iodide.

Manna, with glucose or starch sugar, and starch. The large flake manna is sometimes made from a mixture, consisting of a little manna, flour, honey, and a purgative powder; these are boiled together to a syrupy consistence, and then moulded in form of "flakes." Common "sorts manna" has been converted into "flake" by being boiled in water, clarified with charcoal, and moulded into proper form.

A number of specimens were then presented, and remarked upon as follows:

SUBSTITUTIONS.

Specimen No. 1, is Western Alcohol. A barrel of this was sold for "Atwood's Alcohol." A very simple examination proves it to be loaded with grain oils, and thus exposes the fraud at once. The simplest way to detect the grain oil is to treat the suspected sample with an equal volume of concentrated sulphuric acid; if grain oils are present, the mixture becomes darker colored, owing to their carbonization. Also they may be detected by solution of nitrate silver. Expose the alcohol, to which this solution has been added, to the action of sunlight, or diffuse daylight; if grain oils are present, a black precipitate subsides after some little time. This change does not occur if the alcohol is pure.

Specimen No. 2, is an oil, principally linseed, which was sold for true "English Oil of Sweet Almonds." The physical characteristics and the temperature required for congelation serve to detect this fraud. Linseed oil remains fluid at zero, while true oil almonds congeals above that temperature.

Specimen No. 3, is false Oil of Bitter Almonds. This was purchased with the label of a well known English house upon it, and was sold as "true essential Oil of Bitter Almonds." It is the article known as "Essence de Mirban," or Nitro Benzole, and may be detected very easily.

When a mixture of one volume of *true* essential oil of almonds two volumes of alcohol, and one volume of very weak solution of potassa, mixed well together, is allowed to stand, it is converted into benzoic acid in from 24 to 48 hours.

The fictitious oil (nitro benzole) is not capable of undergoing this change.

Specimen No. 4, is fictitious Tapioca. The article purports to be the fecula of *Jatropha manihot*, or cassava. It is not, however, what it appears, and is proved to be, by microscopical examination, entirely a fictitious article, made from potato starch, and does not contain one particle of the real Tapioca.

This article is made in Liverpool, England, and imported into New York.

Your committee can not refrain from recommending the use of the microscope as being a very valuable aid to the Pharmaceutist. By this instrument he is enabled to detect at once frauds which perhaps might be previously unsuspected, particularly in articles of food, as in the instance just brought to your notice.

Specimen No. 5, is Melambo or Matias Bark. This bark is largely used for grinding with all kinds of spices. For a further description we refer to Prof. Proctor's Journal of Pharmacy, Vol. XXIX, pp. 103 and 215, where the nature and characteristics of this bark are fully set forth by Messrs. Edward Parrish and Frank B. Daucy. Your committee are not aware of *other* uses, to any extent, to which this bark is put, *except for adulterating spices*.

The next articles to be considered are—

ADULTERATIONS.

Specimen No. 1.—This is an adulterated article of cubebs, with the false berry used for the purpose. These cubebs were purchased as a select and superior article; the fraud existing in them was not discovered for sometime. The false berry is readily distinguished, however, as it is *bi*-lobed, while the cubeb is a single lobed berry. There exists in the lot of cubebs from which these were taken, 16 per cent. of false berries *by weight*; they are heavier than the cubebs, and are, on that account, easily added in

sufficient amount to vitiate the quality of the drug without attracting notice. Your Committee have endeavored, without success, to ascertain the name of this false berry; it appears to be inert and worthless, not possessed of any deleterious property, other than that of reducing the strength of the powdered cubebs, which, in the amount present in sample under consideration, it does quite perceptibly.

Specimen No. 2, is French Lycopodium, which is adulterated with the starch of some species of lentil, apparently. The microscope reveals this adulteration at once, which otherwise might not be suspected. If treated with water and solution of iodine, the presence of starch may also be detected. This drug is often adulterated with starch, pulv. gypsum, and even boxwood powder. By separating with water, the heavier adulterations, they can be examined and recognized; the wood powder can be separated by means of a sieve.

The specimen under examination is part of a lot purchased in one pound bottles, with a French stamp and label upon it. A portion of it having accidentally been wet the starch became "musty" revealing its presence, otherwise unsuspected. Subsequent examination, as above, furnished further proofs of its existence.

Specimen No. 3 is Para Balsam Copaiva,—This contains from 6 to 8 per cent. of heavy or fat oil.

Balsam copaiva is very largely adulterated. It often contains the resinous extract, by decoction, of the branches and bark of the copaifera.

Turpentine, colophony and fat oils, particularly castor oil. The balsam adulterated with turpentine is not of so heavy consistence as the true balsam; it is more viscid and sticks upon the sides of the bottle holding it. It may be very easily proved whether turpentine is present or not, by simply heating a drop of the suspected balsam, upon a sheet of glazed paper, over a spirit-lamp; the oil of copaiva is first volatilized, and the odor of the turpentine is at once apparent.

Castor oil is the most dangerous adulterative, owing to the great similarity between that and the true balsam,

This may be detected by mixing three parts of the suspected balsam with one part sulphuric acid and shaking with 15 or 20 parts of alcohol of 36 deg. If the mixture separates it indicates that the balsam is adulterated with castor; when pure there is no separation. This test will detect not less than one-ninth part of adulteration.

The presence of castor oil may also be detected by adding two parts ammonia 22 deg. Beaume, to five parts suspected balsam and shaking them together in a stopped bottle. The mixture becomes viscid and "ropy," very soon clears itself and becomes transparent if pure.

It is whitened by agitation, on the contrary, if it contains castor oil. The only precaution to be taken, however, is that the temperature of the mixture should be from 50 to 60 deg. Fah.; above or below this point the result is inaccurate, as, from 68 to 76 deg. Fah. the mixture is transparent whether pure or adulterated, and at 32 to 40 deg. Fah., the pure balsam remains clouded.

The fixed oils may be discovered by heating a drop or two of the balsam upon paper. If the Balsam is pure the volatile oil is driven off leaving the resin homogeneous, transparent, and brittle; if it contains heavy or fixed oil the resin is surrounded by a greasy aureole and is less brittle.

Finally, balsam copavia is "made up" of the fat oils, as poppy and rape seed, with turpentine. These mixtures, however, would deceive only the inexperienced; in all cases ethereal alcohol (4 parts alcohol 1 part ether,) serve to recognize this fraud, this liquid dissolving only the true balsam, leaving the foreign matter.

Specimen No. 4 is powdered opium. This is a very poor specimen of powdered opium. It was sold at a high price, to a person not perfectly familiar with drugs, but to him it appeared so different from his idea of the article, that he requested an examination of it. It is found to contain less than 3 per cent. of impure morphia, which is but one-third or one-fourth the amount considered to be the standard yield by the United States Dispensatory. It is evident that this powder of opium could scarcely fail to disappoint the expectations of the physician. What article is used for adulterating this, your committee have not decided. It is possible that the opium was exhausted in part before drying and powdering.

Specimen No. 5 is balsam tolu, containing 16 per cent. common resin. Balsam tolu is often adulterated with turpentine and various resins. It is easy to detect this fraud by the peculiar resinous odor which the adulterated article gives off when burnt. It may also be distinguished by testing with sulphuric acid. The concentrated acid added to the pure balsam gives a cherry red liquor without disengagement of sulphurous acid; the same acid added to balsam adulterated with resin, gives a blackish-brown liquor with abundant disengagement of sulphurous acid.

Specimen No. 6 is Powdered Tartar Emetic.—This is largely contaminated with foreign bodies, containing as much as 21 per cent. of impurity. The impurity in it is doubtless owing to careless manufacturing, and as this article in powder is often made without proper and sufficient care being used in its manufacture, it is best for the pharmacist to buy none but the crystals, and being assured of their purity, powder them himself.

The impurities most generally present in tartar emetic are uncombined cream of tartar, chloride of calcium or potassium and sulphate of potassa. It also sometimes contains, as accidental contamination, iron and tin. The uncombined cream of tartar may be detected by an acid solution of acetate of lead; the solution is made of 32 parts distilled water, 8 parts cryst. acetate of lead, and 15 parts acetic acid of 9 deg. The presence of cream of tartar is shown by the white precipitate, produced in a solution of tart. emetic, on adding a small portion of the lead reagent.

Chlorides of potassium or sodium, or chlor-hydric acid may be detected, by their affording a white "curdy" precipitate, upon adding to a solution of tart. emetic, a few drops solution nitrate of silver. This white precipitate, if *chloride of silver*, should be entirely soluble in ammonia.

This specimen under examination contains 8 per cent. of chlorides. Sulphate of potassa may be detected by the white precipitate, insoluble in nitric acid, which is afforded by solution chloride of barium or nitrate of baryta.

The specimen under examination contains 13 per cent. of sulphates.

Specimen No. 7 is Cream of Tartar. This article is one used largely, both as a medicine and in the preparation of food; it is, worthy careful consideration, and your committee have given considerable attention to it.

Cream of tartar is very largely adulterated. Some of the articles used for the purpose are in one sense harmless; that is not injurious to health, but many of them are decidedly pernicious, and *all* of them are to be condemned, because sold to deceive the community and enrich the adulterator.

Cream of tartar is adulterated with tartrate of lime, chalk, finely powdered white marble, sulphate of lime, sand, nitrate of potassa, alum, sulphate of soda, and potassa, chloride of potassium. It has been found to contain, as impurities, iron, copper, lead and arsenic.

The addition of starch, arrow root, and other amylaceous substances is well known, and the specimen under examination is only remarkable from the fact that it contains 63.33 per cent. of farinaceous substances, as an adulteration.

This was sold as *pure* cream tartar. The easiest way to detect the adulteration, with starch or farinaceous substances, is by testing a cold solution of the cream of tartar with solution of iodine. The characteristic blue "iodine of starch" will at once be apparent.

If we treat the cream of tartar with boiling water, we dissolve all soluble substances, leaving behind the tartrate of lime, quartz, clay, sand, sulphate of lime, and other insoluble impurities.

Chalk or white marble may be discovered, by the effervescence produced, by the addition of a weak acid, as chlorhydric or nitric.

Alum, and sulphates of potassa or soda, are shown to be present by the white precipitate, insoluble in nitric acid, produced by solution of chloride of barium; if a precipitate is produced in same solution, by oxalate of ammonia, we know that lime is also present. Chloride of potassium is shown, by the white "curdy" precipitate, entirely soluble in ammonia, formed by adding solution of nitrate of silver to the cream of tartar solution.

The iron, lead and copper come from the vessels of these metals, in which the cream of tartar is purified.

The solution of cream of tartar, tested with tincture of galls, takes a *black* color if iron is present; with ammonia, a *blue* color if copper be present; with iodide potassium, a *yellow*, if lead is present.

The presence of arsenic in cream of tartar, according to Dr. Bley, comes from the arsenical sulphur used in the "mutage," or process for arresting fermentation in the "must" of grapes, which consists of burning sulphur in the casks, thereby liberating sulphurous acid. The arsenic may be detected by Marsh's apparatus.

Specimen No. 8 is Acid Sulphate of Soda.—This is the residue from nitric acid manufacturing. The nitrate of soda, or Chili saltpeter, is decomposed by sulphuric acid, and this article remains. It is largely used to adulterate cream of tartar and this.

Specimen No. 9—is one which contains this adulteration. This acid sulphate may be considered one of the injurious adulterations.

There is one drawback to its use, however, as a substitute for cream of tartar, and that is its deliquescence, or property of taking moisture from the atmosphere. It was once attempted to substitute it for cream of tartar in a "yeast powder," but after having been put up, the article was obliged to be withdrawn from the market because it destroyed the cans. Query—Will the human stomach bear it better than a tin can?

Specimen No. 10—is the "great adulterator." This article, known by the above name, is selenite of sulphate of lime. It is imported into New York, and there powdered for use.

Specimen No. 11—is the "great adulterator" in its natural state, before being powdered.

Specimen No. 12—is cream of tartar which is adulterated with the "great adulterator;" as this substance is almost insoluble, any one can judge of the benefit to health that might arise from a long continued use of the article in the daily food.

The specimen of cream tartar under examination contains 25 per cent. of the "great adulterator."

Specimen No. 13—is a fatty residue from oil of lemon. This was obtained from a sample of oil of lemon of suspected purity the last winter, and amounted to 22 per cent. of the whole weight of the oil. In cold weather it has a butyracious consistence, but as it now appears is more fluid.

It is somewhat unusual to find an article of oil lemon adulterated in this way; and your committee would call the attention of pharmacutists to the fact, as being evidence of a new practice in the way of fraud in this article.

Specimen No. 14—is capsicum with adulteration of common salt. This can be detected by exhausting the pepper with water, evaporating to dryness, and testing the residue by nitrate of silver for chlorine; the soda imparts its characteristic color of yellow to flame of burning alcohol.

Corrosive sublimate, sent from Kentucky, was proved to be adulterated with chloride sodium (common salt) by the usual test. The sample was too small to estimate amount of impurity present, and we can not show a specimen of it, because it was all consumed in examination.

Specimen No. 15—Lunar Caustic. This was sent from Kentucky also, having been purchased in New York at a cost of \$1 20 per ounce, as a *pure* article. A great imposition was practiced either by the seller or the manufacturer. Upon a careful examination, it yielded only fourteen per cent. of chloride of silver, equivalent to about ten per cent. of metallic silver.

Had it been pure nitrate, it should have yielded sixty-four per cent. of metallic silver.

Specimen No. 16—Piperine. Adulterated with yellow prussiate of potassa. This fraud can be easily detected by testing a solution of the suspected piperine with a per-salt of iron. The blue reaction is instantly produced, caused by formation of ferro cyanide of iron.

This reaction taking place while combining a recipe in which the piperine and a salt of iron was ordered, led to the detection of this fraud, otherwise unsuspected.

Flowers of Oxide of Zinc. All specimens examined except some German, proved to be merely the carbonate.

Specimen No. 17—Oil of Bergamot. A lot of oil of bergamot, purchased at the market rates, and to all appearances a very fine article, proved to contain 30 per cent. of alcohol, by the usual test with graduated tube, and treatment with water.

Specimen No. —, Oil of Wormwood. As regards smell and taste, this oil is unexceptionable. Its specific gravity is so low as to excite suspicion, and it proves to be adulterated with Ether upon a careful examination.

This fraud can be easily detected by the low boiling point, and specific gravity.

The following receipts were obtained from a man who had been an employee in a manufacturing establishment in New York.

Gamboge Powdered—Gamboge, 100 pounds; tartrate of lime 25 pounds.

Socotrine Aloes—Are pure bonaire, without adulteration.

Cream of Tartar is adulterated with from 10 to 65 per cent. of terra alba, or tartrate of lime, with about three per cent. tartaric acid.

Tartaric Acid, Powdered—Tartaric acid, 1000 pounds; alum, from 10 to 35 per cent.

Scammony Aleppo, Powdered—Virgin Scammony, 30 pounds; cocoa beans, 80 pounds; biscuit, 30 pounds; lampblack, q. s. (sufficient quantity) to color.

Bird Pepper, Powdered—Chilies, 1000 pounds; rice 800 to 1,200 pounds; curcuma and venetian red to color.

Powdered Fenugreek—Fenugreek seeds, 1000 pounds; biscuit, 1000 pounds; curcuma q. s. to color.

East India Rhubarb, Powdered—East India rhubarb, 100 pounds; English rhubarb, 60 pounds.

English Rhubarb, Powdered—English rhubarb, 100 pounds; biscuit, 30 pounds; curcuma, to color.

Turkey Rhubarb, Powdered—East India rhubarb, Turkey rhubarb, equal parts.

The tartrate of lime referred, to is more properly sulphate of lime with a small portion of tartrate. The ship biscuit is the hard and often worm-eaten cakes brought in by ships after a long voyage.

Powdered Cape Aloes—Cape aloes dried, 100 pounds; ship biscuit 100 pounds; curcuma q. s. to color.

Common Ginger—African ginger, 200 pounds; capsicum hulls, 25 pounds; biscuit, 1000 pounds; curcuma, q. s. to color.

Ipecac, Powdered—Ipecac. 100 pounds; ship biscuit 25 to 40 pounds.

Opium, Powdered—Turkey opium, 50 pounds; Egyptian opium, 25 pounds; biscuit 40 pounds.

Your Committee have noticed, in making a number of examinations of articles furnished by manufacturers, as acetic, nitric, muriatic acids, aqua amonia, oxide of zinc, sub-carbonate of iron, and others, that but little attention is paid to the requirements of the pharmacopœia, as every pharmacist can ascertain with but little trouble.

* * * * *

The stigma of adulteration does not belong to the drug trade alone; in fact very many articles of food are systematically and almost always adulterated, so that to obtain them in their absolute purity is almost the exception. Of such are the ground spices, coffee, etc.

We are aware this is a strong assertion, but proof can be produced were it necessary.

One article referred to, that of ground coffee, we can give the formula by which it is made.

This coffee, put up in one pound papers, and labelled "fine old Java," is made as follows: for every 100 pounds, there are 60 pounds of peas, 20 pounds of chicory and 20 pounds of coffee.

This compound sells for 12½ cents per pound, and any person can judge of the value of it as coffee, containing as it does but 20 per cent. of that substance.

There are many upright and honorable men, however, who discountenance any such imposition upon the public, in all branches of trade, and we feel a proud satisfaction in referring to them, whether members of our profession or not; in *our own ranks* we know there are many upon whom the public can rely, and in closing we can only urge upon the association once more, the importance of this subject, earnestly soliciting the hearty co-operation of every member to raise the standard of our profession, and as far as possible to discourage and expose fraud and deception.

On motion of Edward Parrish, of Philadelphia, Dr. Chas. T. Jackson was invited to take a seat in the convention, and participate in their discussions.

He highly complimented the Report on Adulterations, and added some facts in regard to adulteration in Boston. Ship biscuit is not used in Boston in adulteration, but corn-meal and bran take its place. Red pepper is commonly adulterated with bran, first dried and then ground with it. In this country no red lead is ever put into ground pepper. It is not, therefore, so dangerous as the English compound. In ginger and mustard Indian-meal is used, in the proportion of one-third part. Dr. J. related an anecdote of a purchaser who submitted to him for examination a suspected article of mustard. The Dr. informed him that it was one-third Indian-meal. "Oh!" said the buyer, "if it's only a third, I don't care; I supposed the fellow had cheated me and put in more than a half." Cream of tartar is much adulterated. For ten casks of cream of tartar, one cask of alum and three of starch, or ground rice. Thus, when used as a laxative, the drug has a contrary effect to that intended. Carelessness in keeping

clean the mills. Blistering flies are ground at one time, and allspice at another, making the latter altogether too pungent. Since the passage of the foolish law with regard to examination at the custom-house, no regular analyses have existed, and at the custom-house they are impossible. Leather is dyed with Nicaragua wood instead of cochineal. The Nicaragua wood dye fades with time; the cochineal does not. After a month's unsuccessful labor, by one of his students, in a case where this substitution was suspected, he had himself undertaken the test, and, on the information from the owner of its tendency to fade, took strips of the suspected article and of genuinely dyed leather, placed the two in chlorine, and found the color of the Nicaragua wood to disappear entirely, while the cochineal only changed to brown.

Wm. A. Brewer, of Boston, had found cochineal adulterated with barytes. The adulterated article may be distinguished by its marked excess of weight, it occupying little more than half the space of true cochineal.

Mr. Dix, of New York City, said that this cochineal came from London. Some years ago it was discovered there by the Messrs. Berger, that they could take out the best part of the color without destroying the cochineal. They sell it there, immediately to other firms, and it is dried, and colored with barytes. Mr. Dix urged the extension of the association as the best means of checking adulteration.

Among the incidental remarks upon adulterations made by members present, Mr. HOLLIS mentioned the adulteration of Cassia with Corn meal to 50 per cent, and spoke of the difficulty of getting pure *saleratus*, as made formerly, an imperfectly carbonized Soda ash being largely substituted, this is carbonized by exposure to the carbonic acid arising from beer vats during fermentation.

Mr. Dix said that he knew of one firm in New York city that used annually one hundred tons of *Soda ash* in making *saleratus*.

Following this discussion, Mr. DIX, of New York, and Mr. ELLIS, of Philadelphia, presented specimens of the new Scammony, made by Prof. WILLIAMSON'S process in England, from the dry scammony root, which is imported for the purpose. We gave this process in our Journal a few numbers back. The article in question has an appearance exactly resembling colophony, and a peculiar odor closely resembling, however, the virgin scammony of commerce.

The selected subjects, for scientific reports, were replied to in considerable numbers.

Mr. EDWIN O. GALE made an elaborate report upon the rosin weed (*Silphium laciniatum*), of the prairies. He thinks that the resinous exudation of this plant may be substituted for mastic, which it resembles in appearance but not in odor, being decidedly terebinthinate. It makes a good varnish; is a valued remedy for heaves in horses; allays irritation of the lungs when chewed; its collection, as yet, however, is limited; and consequently it is of no commercial value.

Mr. JOSEPH ROBERTS, who made the deposit in Wine of Ipecacuanha a subject for investigation, reports that said deposit is not con-

fined to Ipecac wine alone, but is peculiar to most medicated wines and galenical solutions, exposed to atmospheric influences. The deposit is slight, has no depreciating effect upon the wine, as it contains no emetia.

EDWARD PARRISH, of Philadelphia, reported at some length upon the causes of the deterioration of pharmaceutical preparations and the means of preventing the same.

J. O'GALLAGHER, of St. Louis, presented an extended historical notice of pharmacy.

E. R. SQUIBB offered a volunteer paper on a new apparatus for the making of the mechanical preparations of mercury. The entire disinterestedness of Dr. S. in making public the results of his skill, in adapting means to ends, can not be too highly commended, and we are glad to know that the Doctor's efforts to establish a grade of pharmacopœial products, which shall correctly represent the pharmacopœia, are meeting with that pecuniary success which he deserves.

F. HALE, of New York, read an essay upon fitting up drug-stores, with reference to convenience and good taste.

Papers by AMBROSE SMITH, of Philadelphia, upon the decomposition of oxide of silver in pill mass; by Prof. PROCTER upon the obtaining of Polygalic acid from senega; by Prof. GRAHAME upon the best means of preserving the medicinal vegetable extracts, in the dispensing shop, and by S. S. GARRIGURS upon the *Cornus florida*, were read.

A paper from HENRY A. TILDEN, of *New Lebanon, N. Y.*, upon the relative value of imported and indigenous medicinal plants, was presented and read by E. PARRISH, showing much research and experiment, though the conclusions are necessarily deferred till next year.

The feasibility of raising arnica plants in this country was discussed. Mr. DIX, of New York, said they could be obtained from Germany cheaper than the flowers could be picked here, if the fields were covered with them. He could obtain the seeds for any person who was desirous to see the plants growing.

ALEXANDER CUSHMAN, of New York, read a paper upon "Pepsin." That obtained from the stomach of pigs he prefers; the French prefer that from the stomach of sheep, and the English that from sheep and calves.

During the last session, Prof. PROCTER read an elaborate paper upon fluid extracts, it covered the whole ground, so long unexplored, showing the different kinds of treatment required by drugs for their complete extraction, classifying them with reference to this object, and presenting an immense number and variety of formulæ, accompanied by specimens of the preparations and their residues.

This paper was the subject of much commendation and, on motion, the author was voted a presentation copy of the new London Edition of Pareira's *Mat. Medica*, as a testimonial of the high appreciation of the Association of the skill and industry displayed.

Among the scientific essays, was one by Dr. BATTEY, of Georgia, upon Sorghum culture. The Doctor presented a specimen of Rum made from sorghum juice.

Also a paper by EDWARD PARRISH, on liquid preparations of mustard. One by GORDON of Cincinnati on *Liq. Ferri Iodidi*, two by the ZIMMERMANNs, of Cincinnati, upon Catawba wine and Brandy. All of which, with the preceeding papers, will appear in the published proceedings.

The Association decided, after some discussion, to hold the next meeting at New York city, after which, after passing the usual resolutions of thanks, for attentions, service, entertainment, &c., the meeting adjourned.

We must not fail to mention the elegant entertainment, given by the Druggists of Boston to their guests, which reflected much credit upon the craft, and where toast-reading and speech-making ruled the hours till near daybreak.

All in all we think this year's meeting has been more profitable in results by far, than those of previous years, giving satisfactory evidence of the increasing power and beneficial influence of the Association.

F. S.

PREPARATION AND USES OF IODIDE OF SODIUM.—By T. E. JENKINS, Pharmaceutist.

On account of the high terms in which Iodide of Sodium has been spoken of in the late periodicals as a therapeutic agent, several physicians have been induced to try it in their practice, and have called upon us to prepare it for them, as it could not at the time be obtained from the regular traders; and from the superior effects which this combination of iodine has manifested in their hands, it is thought well to give some account of the best mode for its preparation, and detail some of its principal advantages.

The first three or four lots which we prepared were made by first converting the iodide into Hydriodic Acid by passing washed Sulphuretted Hydrogen through water in which the iodine was diffused, and subsequently accurately saturating the acid with Carbonate of Soda, and evaporating to dryness. This process is a pretty good one, and will furnish a good product, and when properly conducted, yield the full amount; but one great objection in the way of its general adoption, by the physician and the apothecary, is the disagreeable nature of the Sulphuretted Hydrogen Gas.

Another process is to add Iodine to a solution of Caustic Soda. This procedure will give a mixture of Iodide and Iodate of Soda. The latter salt, however, will be converted into the former when the mixture is evaporated to dryness, and the dry mass is heated for a short time to low redness in a crucible.

We have not experimented with the last mentioned process, and, consequently, can not speak advisedly of its merits. But the following is one which we have tried a number of times, and are so much pleased with its operation, that it has been adopted in our laboratory:

Take of Iodine, pure,	1 lb.
“ “ Iron wire (piano wire)	$\frac{1}{2}$ lb.
“ “ Water,	32 oz.

Put the ingredients into a bottle (a mercury flask will answer best), and shake the whole together until combination between the Iodine and iron is complete, which may be known to be the case when the froth on the solution is white. The resulting solution of Iodide of Iron should then be filtered into a wide mouthed glass jar, and diluted with about three quarts of boiling distilled water, and immediately a strong and hot solution of carbonate of soda should be carefully poured in until a bluish white precipitate is no longer produced, taking care to avoid an excess of the carbonate. The whole mixture should then be thrown on a filter, and, after the liquid (which is a solution of Iodide of Sodium) has drained through, the remaining precipitate may be washed three or four times successively with hot distilled water, and the washings added to the solution first run through. This solution should then be evaporated, at first rapidly, and towards the close more gradually and carefully, with constant stirring to complete dryness. Care should be taken as the salt approaches dryness to regulate the heat so as not to fuse it, since it appears better when simply dried and granulated.

This salt is exceedingly deliquescent, and should be inclosed in small and closely stopped bottles while yet warm. It may be crystallized with twenty parts water by very careful evaporation. Its form is the cube, its taste is saline and cooling, not unlike a mixture of common salt and nitre, and quite different from that of Iodide of Potassium. When left exposed to the air it attracts moisture, and becomes liquid. It is soluble in and compatible with most tinctures, infusions, decoctions, and extracts. It should not be prescribed in pill or powder, on account of its deliquescent property, but should be given in solution, for which its not unpleasant taste especially fits it. This is the salt which exists in sea water, and in the ashes of sea weed, and of the various plants which grow on the sea shore. Iodide of Sodium exists as such in the “burnt sponge;” and we find that Iodine is almost always found associated with Sodium in nature. It appears to prefer, so to speak, sodium to potassium in its combina-

tions, for it is proved that Iodine exists very much more abundantly in plants whose ashes are rendered alkaline by soda, than in those in which potassa abounds—in marine plants, than in land vegetation. It is also remarkable that this metalloid is found in the oil of the salt water fish termed *Gadus*, to which class the cod belongs; but it has not been discovered as a necessary element in the tissues of land animals.

The chemical constitution of Iodide of Sodium, compared with that of Iodide of Potassium, is as follows:

Iodide of Sodium consists of

Iodine,	. . .	84.45 per cent.
Sodium,	. . .	15.55 “ “

Iodide of Potassium consists of

Iodine,	. . .	74.27 per cent.
Potassium,	. . .	25.73 per cent.

Showing that in every hundred grains of the former salt there are 10.18 grains more of Iodine than in the latter; and, although it contains so much more Iodine, still it is perfectly neutral, and the irritant quality of the Iodine is completely counteracted by the base.

ALEXANDER URE, Esq., Surgeon to St. Mary's Hospital, London, who has used this salt extensively, with a view to test its value, says: "As far as my experience goes, it is a blander salt, more assimilable and better borne by the stomach than Iodide of Potassium. It is, moreover, much less prone to produce symptoms of iodic disturbance. Patients under my care have taken it for weeks together, without suffering the slightest inconvenience, and with uniform advantage as regarded the morbid condition."

He further says, that there has been no complaint made of this medicine producing sense of weight or uneasiness referred to the stomach, nausea, impaired appetite and digestion, headache, running from the eyes and nostrils, general nervous depression—symptoms which, at times, supervene during the administration of Iodide of Potassium, even in moderate doses.

An argument in favor of the use of this salt, is taken from "the important view first announced by M. DUMAS, in the 92d volume of 'Annale de Chimie,' which goes to show that there are certain salts which leave the blood the faculty of becoming arterialized, while others deprive it of this property, and that the salts having soda for their base, are more proper to maintain this condition of integrity than those of potash or ammonia." If such be the case, it may fairly be assumed that the former are likely to exercise a more favorable remedial influence than the latter, especially if exhibited continuously for a length of time.

Soda variously combined, is diffused extensively throughout the or-

ganism; fully five-sixths of the saline constituents of healthy blood consists of salt of this base.

M. GAMBERINI in Schmidt's Jahrbreck for 1858, reports 116 cases of secondary syphilis, which were treated with the Iodide of Sodium, and he has found that it acted more rapidly than the potash salt, and often proved efficacious where the latter salt had been of little or no avail. He recommends it to be given by dissolving twenty grains in three ounces of distilled water, and this to be taken in broken doses throughout the day; after a few days the amount may be increased to twenty-six grains, and so on until the patient comes to take two drachms daily, the time for taking it being one hour before meals. It is recommended to associate five or six grains of Bicarbonate of Soda with it to counteract the acescency and the consequent liberation of Hydriodic Acid in the stomach, which is sure to cause headache; and the best plan is to administer it dissolved in plenty of water.

[*Semi-Monthly Med. News.*

NEWS ITEM.

There are in Prussia about seventy-five manufactories of phosphorus matches. These present annually from thirty-five to forty cases of maxillary necrosis. Those workmen were more especially attacked whose business it was to prepare the phosphorus paste and dip in the wood. In all cases, the disposition to this affection manifested itself to those persons, both male and female, who were of a cachectic or scrofulous habit, and had carious teeth before entering the factory. On this account, it is not proper to admit to this occupation sickly persons, or those who have carious teeth.

[*Vischew's Constatt.*

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ART. XXXII.—Cathartics in Peritonitis, etc.

By O. C. GIBBS, M. D.

IN the *Peninsular and Independent*, for November, 1858, we made brief mention of a case which we denominated *obstruction*, which was overcome with copious injections. It is known to many physicians that obstruction has different causes, and that that condition of the intestines called *intussusception* is one of them.

A person of ordinary common sense, in reading that article, would at once see that obstruction caused by *intussusception* was meant, though not in so many words stated. No other interpretation was possible, that would not make absolute nonsense. In the *Peninsular and Independent*, for June, 1859, Dr. J. A. BROWN criticises the report of this case severely, besides introducing much irrelevant and uncourteous matter. Because of misstatements and personal insults, we replied; yet, as mildly as

the circumstances of the case would permit. This has called forth *sixteen* pages of irrelevant matter, which the Dr. says was "aimed to be courteous and gentlemanly."

Where the Dr. learned such "courteousness," we will not ask; but from any such display of "gentlemanly" criticism on our own part, we pray to be forever delivered.

In Dr. BROWN's first criticism, he denied the correctness of our diagnosis, ridiculed our treatment, and exclaimed "what, we ask, in the name of reason, could it have been but peritonitis?" He concludes by saying, "had the case been clearly understood, and *copious blood-letting* resorted to in the very out-set, and perhaps repeated; then a *brisk, reliable cathartic* given, &c." . . . "the result, it seems to us, might have been different."

In our reply, we endeavored to show that our diagnosis was probably correct, and that Dr. BROWN's proposed treatment was more objectionable than that, over which he tries to make so merry. This called forth a repetition of misstatement, and the sixteen pages just alluded to. We take occasion to say thus early in our article that we do not propose to exhaust the vocabulary of scurrilous remarks; this labor having already been performed by our critic. In a discussion we have never *ascended* to the plain of personal abuse, and still hope we never may; preferring the *lower* walks of a candid expression of opinion, or the humble statement of an argument. We gave, in our first reply, some reasons why we thought Dr. BROWN's diagnosis was in error, and why his proposed treatment was injudicious. Those arguments he has not condescended to notice, for the following reason which he states: "we do not choose to *degrade* ourselves to the *same level*;" — that is, he does not choose to come *down* from the high vocation of misstatement and abuse, to the *low* duties of vulgar rea-

soning. We do not choose to go *up* to his "level"; hence, thus far we are both content, and now to the subject.

In Dr. BROWN'S last article, he leaves his readers to suppose that the case was one of obstruction from hardened feces (in which case any old woman would know that cathartics would have been appropriate), and labors hard to make his readers believe that we were worse than foolish in not thinking so too.

This opinion could never have been derived, by any intelligent physician, from an attentive reading of either of our former articles. Does Dr. BROWN honestly suppose that we meant to report a case, in which we had *forced imparted feces from the bowels up into the mouth, by an injection, thus overcoming an obstruction?* This foolishness is the only legitimate conclusion that can be drawn from his last article. We supposed our injection had overcome an obstruction, *by reducing an intussusception*, and so supposed our readers would understand us.

It is with a statement, made by Dr. BROWN in his first paper and maintained in his second, that we have more particularly to do at present; it being a matter of *practical* import, upon the right understanding of which we apprehend the highest interests of many are involved. The Dr. asserted the case to be one of *peritonitis* in his first article, and *thorough cathartics* a part of all judicious treatment, and in his last he expresses his surprise that we, who profess (Dr., we have made no such profession), such familiarity with authors, should deny this. Dr. BROWN says :

"Let a case of peritonitis once be made out, and there can be but little chance for dispute as to the appropriate treatment, which is settled by authorities."

That authoritative treatment, he maintains, is first and

most important, *thorough cathartics*. In acute peritonitis, *we* believe, active cathartics *should never be given*. We believe that a worse treatment could not well be adopted, nor one better calculated to cut off all hopes of success. For ourselves, we had much rather the bowels would remain unopened for a week, than to be moved by a cathartic until the acute inflammation has abated. In eleven years' practice, we have lost but two cases of acute peritonitis, and in both of those, occurring when young in practice, council was called by the friends, our opinions overruled, and cathartics given. (Dr. BROWN will here see an occasion for using those "courteous" words, "boasting", "vanity", "egotism", &c.) In this discussion, we do not propose to rest the argument upon our own opinions or experience, but to give the Dr. a chance to transfer his "*high-toned criticisms*" to the opinions of others, and give him a chance to test his sharp weapons upon the caput of a worthier combattant — considering ourselves *used up* when he called our articles "puerile productions." Dr. BROWN says of us :

"Certainly he ought not to complain that *our understanding* happened to be more *rational* than his own, and our views of the case more *consistent*, as well as *more in harmony with the teachings of standard authorities*."

We ask the reader's attention to a few authorities only, premising that, independent of the controversy, the subject is worthy of attentive consideration. Dr. COPLAND says :

"I have often seen much mischief result from the officious interference of the practitioner in these cases; *the irritability of the stomach and the severity of the disease being heightened* by repeated endeavors to operate on the bowels by drastic purgatives given by the mouth. It is *best*, at an *early stage* of the disease, to *wait* the effects of the treatment advised above for a reasonable period, and then to have recourse to *enemata* containing spirits of turpentine, with castor or olive oil, or with both, in a thick decoction of barley. — (See COPLAND'S *Dictionary Medicine*, Vol. 3, p. 56).

It is impossible to cite higher authority ; but our

readers will indulge us in a few other quotations. Dr. BROWN says :

“In ordinary peritonitis, WATSON says nothing *against* the use of purgatives, &c.”

Let us see. Under the head of *acute peritonitis*, he says of purgatives :

“I do not think the good which they are calculated to do, as antiphlogistic remedies, can *at all* be put in competition with the *harm* that I am persuaded they may produce, by increasing the peristaltic action of the intestines, and so causing additional friction and tension of the inflamed membrane. I believe that in *all cases* of well-marked and *pure peritonitis*, when the inflammation is limited to the serous membrane, it is *far better and safer* to *restrain* than to *solicit* the internal movements of the alimentary tube.” — (See *Watson's Lectures*, p. 737, of the 3d American Edition).

It seems that Dr. BROWN's misrepresentations are not confined to our opinions only.

Dr. DRUITT says :

“The author hopes that it is unnecessary to warn his readers against the *fatal* and *abominable* custom of giving purgatives in cases of inflammation of the bowels.

We know that DRUITT speaks only of inflammation produced by wounds, but the principle involved is the same. But, as Dr. BROWN may refuse to listen to the opinions of *foreigners*, we quote from American authors. Dr. DUNGLISON says :

“Purgatives *ought not* to be exhibited until the inflammation and spasm are abated by the use of the bleeding and opium.”

(We quote from his Dictionary, p. 284 of the 6th edition, as his practice is not before us.)

We know that Dr. WOOD advises the bowels to be opened with a *mild* cathartic, in connection with opium, early in peritonitis; but we also know that he made a report, before the College of Physicians, Philadelphia, Feb. 7th,

1855, upon peritonitis in typhoid fever, in which he does not commend cathartics. He says :

"The opiate treatment in the one best adapted to peritonitis occurring under these circumstances, whether with or *without* perforation ; as several instances of recovery have taken place under that treatment, while I am not aware that one is on record effected under any other plan." — (See *Medical Examiner* Vol. 11, p. 238).

Dr. ROGERS says of peritonitis,

"When resolution takes place, it is preceded by action of the bowels and gradual subsidence of the pain, tenderness, sickness, and fever, about the fourth, sixth, or even the eighth day. This result can *only be obtained* by most judicious treatment ; but when mistaken, and treated too actively *by large and repeated bleedings, or violent and continued purgatives*, there is much danger of a fatal termination, or of a long and protracted convalescence." — (See *British Medical Journal*, Sep. 17th, 1857).

Prof. AUSTIN FLINT, says :

"Prof. CLARK has rendered a great service to practical medicine, and to humanity, by establishing the merits of this (the opium) method of treating acute peritonitis. If pursued judiciously and boldly, a large proportion of the cases which, judged by former experience, would have otherwise ended fatally, are brought to a favorable termination. The greater success in the management, however, it must be confessed, may be in part owing to the *discontinuance* of measures which were *injurious*. *In this light we must regard blood-letting and cathartics*. As regards blood-letting, a fair and ready way of placing before the mind its theoretical applicability to the treatment of peritonitis, is to consider the extent of surface inflamed in this disease, and the loss of blood-constituents involved in the exuded products of inflammation. The condition of a patient attacked with peritonitis, is not unlike that of a person after a scald, or burn, extending over a large portion of the external surface of the body. The symptoms are analogous in the two cases, and death in both occurs by asthenia. *Blood-letting is as appropriate in the one case as in the other*. Of cathartics, it is only necessary to say that they *conflict* with the *first and great indication in the treatment of all inflammations*, viz., to maintain, as far as possible, repose of the parts inflamed. The value of opiates in cases of peritonitis consists, in fact, of the arrest of the peristaltic movements of the intestines. These remedies have held so prominent a place in therapeutics for the last half century,

that it requires some moral courage, on the part of the practitioner, to permit the bowels to remain constipated for a fortnight or longer, and to resist the importunities of patient and friends for opening medicine."—(See *New York Monthly Review* for October 1859, pp. 267 and 268).

Being in the regular receipt of twenty of the American Medical Journals, and three *foreign*, it would not be difficult to protract similar quotations to those above (not "in Heaven" Dr.) but want of time and space will not admit. Dr. BROWN's article only came to hand this evening, and our other and more important duties will not admit our giving more than this evening to its consideration; hence, we will not extend our researches or protract quotation.

Will the Dr. still maintain that his proposed treatment in peritonitis, is "more consistent" than ours, and "more in harmony with the teachings of standard authorities?" Will he still maintain, that in peritonitis, the propriety of "thorough cathartics" is "settled by authority?" He will probably say, as he has already, that these men are only "fallible, and liable to error, inconsistency, &c.", "and entitled to no respect" when their teachings do not commend themselves to "an enlightened reason," such as Dr. BROWN brings to this investigation.

Our readers will not need to be told that our remarks upon cathartics in peritonitis, have no reference to our reported case, but to Dr. BROWN's construction and argument.

Our case was not originally a case of peritonitis at all. We supposed it to be a case of *obstruction, caused by intussusception*, and we supposed the obstruction was removed by a *reduction* of the intussusception, by the mechanical means put in requisition, and because we so thought, was the case reported, and would be readily so understood by any medical man who occupies our "level," to which Dr.

BROWN says he is not "weak enough" to "degrade" himself.

Dr. BROWN will doubtless tell us that his advice was predicated upon the supposition that the case was one of obstruction from hardened feces!! Our article, to which we refer the reader, never justified any such inference; besides, did he not say the case *could have been nothing else but peritonitis?*

Be the case what it might, whether peritonitis or obstruction from intussusception, which last it doubtless was, we wish to ask Dr. BROWN one question, and we hope he will give us a direct answer; he can accompany his answer with sixteen pages of irrelevant matter if he chooses, — we are indifferent on that point. Would he, in either case supposed, where nothing could be retained upon the stomach, persist for days together in *tormenting* the patient with *repeated purgatives?* If so, we hope he may never be called to administer to us, or any of our friends, so long as we desire to keep soul and body a little longer together.

We would gladly stop here, but there are one or two points in the Dr's. last article which require attention. It will be remembered that Dr. BROWN's first article was filled with misstatements and unprovoked charges. Among the least important of the latter, was that of our vain desire to appear in print with nothing to say. We replied, in effect, that it was our study to use as few words as possible to express our idea, and that the article criticised (excuse the misnomer), was not our maiden effort. We had occasionally appeared in print for the last fifteen years, and some foreign journals had been foolish enough to make extracts from a few of our "puerile productions." Thinking our captious critic would fancy he saw egotism, we marked *this* portion of our reply, and suggested that perhaps it might better be omitted. With

commendable courtesy, our article was permitted to appear as written, and Dr. BROWN, over the shoulders of a Chicago friend, virtually charges us with falsehood. We are now compelled to brave another charge of egotism, by referring him and his friend to the *British & Foreign Medico-Chirurgical Review*, for January 1858, and July 1859, and *Ranking's Abstract*, for January 1858. Other references could be made, but we hope these will satisfy that friend, and relieve us from the charge of falsehood.

Dr. BROWN charges us with "malicious misrepresentation." This is a grave charge, and we now challenge him to the proof. We have carefully re-read the articles, and can find but one apology for this assertion, and that we will now quote.

Dr. BROWN said that we used "*solid opium for three or four days together, with little or nothing else.*" (This question is correct, and [the italics his].)

In our apply, we said that our critic said "that for four days we used *nothing* else but solid opium."

Thus it will be seen that we omitted the word "little," which omission our readers will see *did not* materially change Dr. BROWN'S meaning. To this he replies :

"What quibbling!! Are we to look upon this as *malicious falsehood*? or are we to infer his want of a knowledge of, and ability to understand, the English language?"

Our readers will appreciate such dignified courtesy.

But let us see who is guilty of "malicious misrepresentation."

In our first article we said the bowels were "tender on pressure," but, not knowing that such a "critic" as Dr. BROWN had a being, we did not specify the exact locality of the tenderness. In our second we said, what was correct, that "the bowels were soft and painless, *excepting a spot that could be covered with the palm of the*

hand, in the region of the ilio-cæcal valve." If there is any incongruity here we fail to see it. Dr. BROWN, pretending to quote from our first, charges us with saying the bowels "were painful and tympanitic," and in our second, that "the bowels were soft and painless."

The first pretended quotation, is a *fabrication*, and the second a *simple perversion*. Is this a "malicious misrepresentation," or a dignified and courteous criticism?

In our report, we stated that calomel and opium was given from the first. From the morning of the third to the morning of the fourth day, we said castor oil was given in tablespoonful doses every hour (12 ounces in all), and that because the stomach would retain nothing, we gave cathartic doses of infusion of senna per rectum repeatedly. In the very face of this, Dr. BROWN says:

"Little or nothing but solid opium was given for three or four days."

Our first report states that on the fourth day calomel and blue pill was given in four grains every two hours, which was continued for sixteen hours (making 32 grains), when calomel was given in 5 grain doses every three hours, for two days (making 80 grains of calomel in *addition*). Of this we reminded our critic in our second article, and he replies that nothing but opium was given "in *anything like* sufficient quantities to produce catharsis", and then says of us:

"If a gentleman we shall expect him to make the *amende honorable*."

Could human impotence farther go?

There are many other points in Dr. BROWN's last paper that deserve attention, but we forbear. We always court candid criticism, and we are happy to see our opinions put to the rigid test; but we can not say that we particularly admire that style of criticism inaugurated by Dr. BROWN,

and we regret that we have been compelled to make explanation, and expose his want of honor and veracity.

In conclusion we might pay a passing tribute to Dr. BROWN's "courteous and gentlemanly" bearing, his "modest and reserved" department, "common sense criticism" and "matter-of-fact statements," which he boasts as having characterized him in his unprovoked attack—traits which, as developed, are in this vicinity denominated by other adjectives; but we forbear, conscious that our space can be converted to a better purpose. We are willing Dr. BROWN should occupy alone and uncontested the peerless realm of "modest", "courteous", and "gentlemanly" criticism. To contest with him for the palm in this direction we have no hopes, and certainly no ambition. We would suggest to the proprietors of the *North American Medico-Chirurgical Review* that they take our humble name from their list of collaborators, and substitute that of J. A. BROWN, M. D., as he would doubtless add new and increased lustre to their pages, by his new style of criticism. Such wit (?) and wisdom will doubtless shed new light upon the dark and obscure subjects of our science, but whether, ignus fatus-like, only to deceive, or like the sun of unmistakable truth, our readers will each judge for himself.

We now take leave of Dr. BROWN, reminding him that the "*pump-operator*," in cases of peritonitis, notwithstanding his sickly attempt at burlesque, is in the path of duty, acting "in harmony with the teachings of standard authorities," while the *physic* dispenser, in such cases, is doing violation to authorized treatment, tormenting the patient, and is greatly conducive to the fatal issue.

FREWSBURY, N. Y.

ART. XXXIII.—Studies for the Elucidation of the Chronic Inflammation of the Uterus.*

Translated for the "PENINSULAR AND INDEPENDENT," from the German of M. M. JACOBIVICS. By O. D. PALMER, Zelinople, Pa.

The details of the differential diagnosis are especially interesting to the physician, when he is placed in a position where he may call be called upon to pronounce a decisive opinion, in regard to cases more or less complicated, in practical life.

In *uterine cases* the question arises: which have we to deal with, a *physiological* or a *diseased* state, and with *what* disease? These queries are the more difficult of solution, the more scrupulously and fundamentally accurate we may desire to answer them.

In the scientific organ of the "*Doctorem Collegiums*," 27th No., we recently indicated the correct distinctions, necessary to be observed, in the developing stage of *chronic metritis*; that is, 1st, the stage of congestion; 2d, the stage of exudation, and 3rd, that of ulceration.

The symptoms of congestion, and hyperæmia, hardly afford occasion for being confounded.

The phenomena of ulceration consequent to chronic inflammation of the uterus, demand a special and extended consideration.

We will permit ourselves here only to make an examination of the stage of exudation, the so-called engorgement of the womb, the *infarctus uteri* in the true sense of the phrase.

The pathological symptoms of this morbid condition are:

The increased volume of the uterus, the fundus of which rises from one to two inches above the *symphysis pubis*, the vaginal portion, from one to one and a half

* From the "*Oesterreichische Zeitschrift fuer Practische Heilkunde*."

inches transverse measurement, and the long diameter of the uterine cavity, increased from one to two inches.

Altered position, where the fundus is found directed more forward, and the lower segment more towards the hollow of the sacrum.

Altered *texture*, in which the gestative organ is much thicker, more dense, and more indurated.

Increased weight of the uterus.

Uterine *catarrh* — dismenorrhea, progressing into amenorrhæa — colica spasms of the uterus — smarting, burning, and prurities of the vagina, and of the external parts of the sexual organs.

The local - consensualle (*ita.*) symptoms are *Dysuric Dyskælic* sensations of pain and lassitude, in the upper part of the thigh.

As the effect of general consent, there arises at a later period deranged digestion, deranged assimilation, and finally the train of symptoms indicating a chlorotic and hysteric condition.

We have thought proper to recall these well known details, in order more easily, without repetition, to be able to indicate the more permanent diagnostics.

It is one of the most important questions in practice, and one of the most frequent ones, how in a given case, to distinguish pregnancy from a diseased state of the organ of gestation.

My memory contains instances, in which a woman has been presumed to be in a state of gestation, through the regular term of nine months, and only after the tenth or eleventh, when no birth made its appearance, has she been acknowledged as suffering with an uterine affection and properly treated for such.

I lately recognized a similar affection in a woman who anxiously inquired of me if it were true that she was pregnant of a male, as informed by her attendant,

On the other hand, I recollect of a young lady, sever-

al years married, without children, who had been treated for *infarctus uteri* and *amenorrhœa*, with hip and vapour bath, with buttermilk and mineral water, till the supposed pathological state was relieved by the birth of a child at maturity.

In order to avoid similar mistakes, we should make searching examinations into the absence, or presence, of the symptoms of pregnancy. We should keep in mind that the *portio vaginalis* of the gravid uterus is always shorter and softer, whilst in *infarctus uteri*, it is harder and more voluminous than in the natural state. In these cases we should give a decided opinion only after a longer observation, and repeated explorations. We should, in such cases, ever avoid the use of the uterine sound, and prescribe no medicine that might derange the normal course of gestation.

If it should be properly decided, by the more or less regular return of menstruation, by the absence of other symptoms of *graviditas*, that no pregnancy, but a real morbid condition of the uterus, demands our aid, we must still bear well in mind that many of the appearances, described as pathognomical of the inception of *infarctus uteri*, are likewise recognized as symptoms of anomalous derangement of position, volume, or texture, or other morbid action of this organ, and therefore, in order to acquire a correct knowledge of these states, a thorough radical examination in each individual case is rendered indispensibly necessary.

The *inclination forwards* of the unimpregnated womb, is very well characterized (as is also *infarctus uteri*) by the dragging sensations, pain in the sacral region, in the epigastrium — by symptoms of *dysmenorrhœa* — by an urgency to urinate, obstinate costiveness, &c., but this simple state of *mal-position*, lack the other anomalous secretions, and the farther train of sympathetic actions, belonging to

chronic metritis. A nice discrimination between these different morbid conditions, can only be effected by local explorations. In the *forward inclination* of the uterus, the vaginal portion is found high up in the hollow of the *sacrum*, the body of the womb lying obliquely towards the symphysis, so that we can feel through the distended integuments in front, the vaulted arch made by its fundus, and the horizontal position can be determined by the exploring finger.

In the *engorgement* of the uterus, we can feel by its vaulting the vagina, that the *portio supra vaginalis* deviates slightly from the line of axis of the pelvis, and the increase in volume of the whole body of the womb, is readily perceived.

The *forward inclination* of the uterus, in a small degree, simulates very much the symptoms of *infarctus uteri*; but an anti-version of a greater grade, of this affection, may be esteemed a significant complication, inasmuch as the displacement of the *os uteri* from its normal position, in being directed backwards, may become a constant hindrance to conception.

The dislocation of the uterus, the *ante* and *retro-flections* of this organ, bring with them a train of local and constitutional disturbances, very similar to *infarctus uteri*. Whether the one or the other of these organic affections is present in a given case, again, can only be determined by careful and thorough local investigations.

The points of union, and of departure, in these morbid states of the *gestative organ*, and the method of exploring, necessary to their being properly understood, are in many respects, practically, of such weighty import, that we intend at some future period to give to their study a more extended consideration.

Hypertrophy of the uterus, as is well known, consists in an increase of its compass, as compared to the normal

proportions of its structure, in such an uniform enlargement of its histological element, that epithelial, peritoneal, and muscular coats, are found increased in a symmetrical proportion.

On the other hand, in an enlargement of the uterus, the enlargement and thickening of the peritoneal coat is predominant, whilst the other elements of the parenchyma, particularly the muscular fibres, are atrophied ; their place substituted by the exuberent cellular membrane and vessels, particularly veins and lymphatics, which are made impermeable.

Whether the nerves of the uterus, likewise, suffer a *fatty, colloid, or amyloid*, metamorphosis, in this affection, as happens in the accumulation of the cellular membrane, I have not as yet had sufficient grounds to determine.

These pathologico - anatomical peculiarities, may be signalized also by indications during life.

KENNEDY, of Dublin, remarked twenty years since, that in hypertrophy of the uterus, especially of the *collum*, and of the *labii orificii*, the increase in volume progressed more in length, whilst in the remaining diseases of the womb, depending on a pathic mutation of texture, the increase was found to be more in the transverse direction.

Hypertrophies of the *cervix uteri*, have been described by PETRIKIN, equalling a finger's length, and also by LISFRANC, DUPUYTREN, SCANZONI, and particularly by the two last, who by exercising, cured both this disease and the sterility connected with it.

The vaginal portion of the uterus, at times, reaches *five and six inches* in length, and this pathological state has been, in modern times, more perfectly described by VIRCHORR, as a proboscis - formed, or polypus - like, elongation of the lips of the *os uteri* (SCANZONI).

From all these conditions the chronic *infarctus uteri* is distinguished, by its characteristic symptoms, very easily.

The *temporary* hypertrophy, or more properly the *con-*

gestive intumescence, of the organ of gestation, mentioned by NEWMAN as an anomaly, usually appearing in consequence of the suppression of the menses in elderly women, and which relieves itself by a profuse return of this flux, is distinguished by its temporary arrival and disappearance, from the *more enduring* uterine engorgement.

Let us now consider the mutations of the *texture* in the uterus, the confounding of which, with the affections above spoken of, must be avoided.

From the violent attacks of *acute inflammation* of the uterus, the *chronic* can easily be distinguished, by the absence to the latter of febrile excesses, and the intensity of the local symptoms; on the other hand, this latter is characterized by its long enduring course and by its increase in volume.

The *sub acute* inflammatory process, occurring as exacerbations of the *chronic metritis*, are peculiar to its *decursus*, and challenge the most scrupulous attention in therapie, since, during these less-intense, long-continued inflammatory attacks, the magnitude of the uterus, and its morbid metamorphosis, are increased.

In relation to the texture and the alteration of the *consistency* belonging to it, we have to decide in each case that we see—whether we have to do with an ordinary *infarctus uteri*, or with a specific induration of the womb, and in fact, whether with a healthy or *well disposed* hardening, or one of a *schirrous* nature.

Before we proceed to the answer of these queries it may be well, in this place, to put into the scales some relevant observations of Prof. ENZEL, extracted from his Compend of Pathological Anatomy. We here cite his own words:

“The healthy uterus of a woman, yet young, has so much firmness and solidity, that it can neither be cut nor torn. An increase, therefore, of its firmness and solidity, is scarcely supposable, since it

possesses already, near the greatest hardness that it is possible for an organic part, not bone, to have.

"The *cervix uteri* and *vaginal portion* of the uterus surpass in hardness, if still possible, the uterine web, and when the vaginal portion seems softer, its cause is founded in the fact, that it is enveloped in a layer of loose cellular tissue beneath the mucous coat.

"Induration of the uterus has then no determinate meaning; it effects no other changes than those of form, dimensions, etc., it is therefore no diseased state; should it, as in the *labium oris uteri* be connected with an increase of volume, without creating an alteration of texture itself, it would then be well worthy our observation as a *well conditioned* induration, not admitted within the circle of pathology."

Only when the increased hardness of the uterus is united with an alteration of texture, does the induration enter the precincts of pathology; and it then is not called a simple hardening, but a *compated* condition of the viscus.

"The physician then, in examining a living person, must consider especially the size and form of the organ without reference to hardening."

The so-called good conditioned hardening of the uterus, which the Gynaccolleagues of the French describe under the name of "*induration blanche simple*," is a symmetrical enlarged hardness of the cervical part, having an almost normal color, and is often suddenly manifested without its causing the many local and general symptoms proper to *infarctus uteri*, and the induration thus named may be esteemed a milder grade of engorgement.

More important still, but in many instances more difficult, is it to decide between simple *infarctus* of the *os uteri* and a schirrus induration not ulcerated. The occasional local affections—the degree of hardness—its want of symmetry, etc., give no sufficient standard for a safe differential diagnosis; and we must ground our approximate opinion essentially upon the general symptoms; the disposition, the age, the constitution of the patient,

the successive developments, and the progress of the disease, its action on the remaining organism, in short, on the whole elements of an elaborately detailed history, with the most sifting precision possible.

According to the opinion of ROKITANSKY tubercular deposition, and also uterine tuberculosis is the product of inflammation; these assume likewise, at the commencement, so far as their local symptoms are concerned, somewhat the appearance of chronic nutritis; and in the farther effects of these the parenchyma of the uterus, that part which has not degenerated into tubercles, is found in the state of *chronic infarctus*.

The cases in which tubercloses, with the general system unaffected, selects the uterus for its head quarters, are but seldom, yet such do occur.

But should tubercloses affect primarily the *uterus*, we may avoid confounding it with *infarctus* by the following facts: Uterine tuberclosis has its seat generally in the mucous membrane of the body and fundus of the womb. It is abruptly confined (according to SCANZONI'S observations) to the region of the os uteri interiorly, and when in the more severe grades of this disease, it spreads to the cervix; this happens only in the form of solitary tubercles, scattered over the mucous membranes of the vagina.

On the contrary, in the *infarctus uteri*, the morbid action is constantly to be found affecting the lower segments of the womb.

In uterine tuberculosis there exists but very spare menstruation or absolute amenorrhæ, but then, in consequence of an erosion of the uterine vessels, metorrhagia or menorrhagia supervenes. On the external surface of the vaginal portion, scarcely altered in thickness and length, are found the whitish gray tuberculous granulations referred to.

As has been remarked by VOGEL, WEDL, and others, the tubercular pus, under the microscope, does not exhibit the regular pus and mucous globules proper to this secretion, but for the most part separate, and solitary amorphous molecules, a mass of fatty corpusclea, granules, and imperfect cell formations.

In the initial developments, considerable fibrous *polypi* and small *fibroid* projecting into the interior cavity of the uterus, beget local symptoms analogous to those of uterine engorgement.

Menstruation may serve as an important distinguishing trait between these morbid states. As before mentioned, this is very much diminished in the *infarctus uteri*, whilst, in regard to mucous polypi, it is very abundant in quantity, duration, and repetition.

Larger submucous *fibroide* and *intervaginal polypi* generally cause a greater distention of the cervical cavity and of the uterus, thereby shortening, by over-distention, the vaginal portion of the uterus, whilst, on the contrary, in *infarctus uteri* it is constantly considerably increased as well in length as in its oblique diameter.

The larger subperitoneal *fibroide* is distinguished from the engorged fundus uteri, as it projects over the symphysis, by the more uneven surface, whilst its projection is more abruptly bounded in shape.

We must finally mention still a rarity in pathology, the symptoms of which in life, would be the appearance of an irritable state of the womb. We allude to *parasites* in the substance of the maternal organ.

ROKITANSKY, HISLOP, and WILSON, of England, have observed *echinococcus* sacks or bladders in the parenchyma of the uterus, which sometimes contained a greater, sometimes a smaller, number of fraternal bladders. In some of these cases, but very seldomly, these bladders were emptied through the vagina; in others they caused rupture

through the walls of the uterus, and were discharged into the cavity of the uterus, thereby causing fatal hemorrhagus and peritonitis.

We have thus indicated the outlines of those organic diseases of the organ of maternity, which may at times assume the form of *uterine infarctus*.

Cases may happen much more often in which infarctus uteri is confounded with the above mentioned states of the womb, where symptoms of these affections, originating in the general consent of the parts in immediate contiguity, may be mistaken for the primitive essential disease, and a treatment may be prescribed for a long time in opposition to diseases of the liver, stomach, and abdominal organs, all in vain, or against rheumatism, convulsions, and hemorrhoids, till at length the original source of the chameleon-like symptoms are better understood, and the plan of treatment is, to the benefit of the patient, essentially re-considered. Therefore, in order, to obtain a correct knowledge of the evil in female diseases, and to give the desired clearness to the diagnosis, it is necessary to institute investigations, the most circumstantial possible, and to reduce to an essential postulate, an estimation of all the circumstances of the disease. If it is necessary to make explorations, the most detailed and thorough possible to be effected, in the diseases in every morbid form; then, in female diseases, it can not be too strongly impressed, that only by the most accurate examinations in all particulars, can the probabilities be determined, and thus only can be obtained a coincidence in judgment of the different colleagues consulted, whilst insufficiency of investigation very easily gives occasion to difference in opinion among physicians, and the want of harmony in the various diagnoses, pronounced by men of the same profession, contribute far less to the cure of either the one or the other, but abundantly more to the diminution of the general confidence in science and the art we profess.

ART. XXXIV.—What is the Proper Dose of Opium in Dysentery?*

I have been led to a consideration of this subject from the fact that authorities differ so much concerning it; some recommending small, others large doses; some using it fully, others but sparingly; some employing small doses in the early and larger ones in the later stages; others just the reverse, not a few though advising its use say nothing as to the dose that would be proper; and none, so far as I have been able to learn, regulating the dose upon any recognized general principle.

This subject is not to us an unimportant one, for when we reflect upon the frequent occurrence of dysentery in this vicinity, its frequently fatal termination, especially among children, and that opium, in some form, is one of the most constant, and I may say indispensable, remedies used in the treatment of it; a consideration of the proper dose to be given, will seem worthy our attention. Now let us examine just a few of the authorities on this subject, and I shall, for obvious reasons, prefer to examine those in very common use as works of reference.

WATSON (Prac. Physician) mentions a camp dysentery, where after bleeding 12 grs. Dover's powder were given, and repeated three times, at intervals of an hour. This, with other appropriate treatment, was found quite successful.

CONDIE, in a note to the same, seems averse to giving opiates. He says: the intense sufferings of the patient are apt to tempt the inexperienced practitioner to resort at once to opiates for relief—but opium, he says, is a deceitful remedy, for by allaying the distress, it leads the physician into a false security; the patient appearing to

* Read before the Union Medical Association of Genesee County. By Dr. BULLOCK.

improve while fatal mischief is going on within. Now, for my part, I can hardly appreciate the force of this remark, for I do not think even an inexperienced practitioner would be likely to suppose that, because he had given a dose of opium, and allayed the sufferings of his patient, that he was therefore secure.

Still after bleeding, either general or local, or both, which he says "can seldom be dispensed with without endangering the life of the patient," he gives opiate moderately.

With regard to the depletion this may be all right in Philadelphia, for ought I know, but I doubt whether he would find a practitioner of any experience in this vicinity, if indeed, in the whole State, that would agree with him—indeed, I have seen in some very adynamic cases of dysentery, principally in cases of infants, a notable depression of the vital powers, occur immediately upon the operation of a not violent cathartic.

Dr. EBERLE, in his work on practice, quotes Dr. STOKES, who says that cases occurred to him during the epidemic dysentery in Dublin, where large doses of opium were required—these cases were attended with intolerance of the slightest pressure on the abdomen, agonizing pain, increasing tenesmus, and great pyrexia. In these cases copious depletion and large and repeated doses of opium and calomel produced decided relief—"were the same cases again placed under my care," says he, "I would not hesitate to give opium in doses of four or five grains, as it was the opium chiefly which seemed to arrest the progress of the inflammation."

Still EBERLE, himself, thinks that it should be given in *small* doses in the beginning of the disease, and the dose increased as the disease advances, and this, notwithstanding his seeming to endorse, while treating of peritonitis, the emphatic remark of Dr. ARMSTRONG that in this (peritonitis)

and every species of abdominal inflammation, the *dose should be large*, for a small dose often stimulates, whereas a large one is a direct sedative.

CHURCHILL (Dis. Chil.) mentions an epidemic dysentery which occurred at the South Dublin Poor House, and described by Dr. MAYNE, and says that "opium in full doses *aggravated* the disease." And WOOD says (just the reverse of EBERLE) that in the early stage the remedy should be given, particularly at bad turns, in full doses, and as the disease advances, in regular doses, so as to keep up a constant impression.

Now, notwithstanding these conflicting statements, and others might be produced, it seems the principle that should guide us is very simple. The remark of Dr. ARMSTRONG just quoted, will itself serve as a key to the whole matter. He says that in small doses it *stimulates*, whereas in large ones it is a direct *sedative*. At any rate there is no doubt, I think, but that small and frequent doses are more stimulating than the same quantity given in larger doses at longer intervals.

So it merely amounts to this, that when there is no necessity for a stimulant, full and infrequent doses should be given, but when the state of the patient is such as to require stimulation, small doses more frequently repeated would be preferable.

I think morphine to be preferred when we wish a sedative effect. This might seem at first inferior to opium, for it is generally believed to be less constipating, but it is inflammation that we have chiefly to contend with, it is inflammation that keeps up the discharges, and our remedies should be aimed chiefly at the subduction of the inflammation.

Let us see now if we can reconcile some of these conflicting statements, according to this rule.

In the first place the epidemic mentioned by Dr. WAT-

SON, where full doses were beneficial, we find *bleeding* also of great use, enough of itself to establish the point that the disease was of a sthenic or inflammatory character. The epidemic, in which Dr. STOKES found large doses of such marked benefit, was undoubtedly of a very vigorous or sthenic character also, for he says the cases were attended with *great pyrexia*, a condition which does not obtain in adynamic inflammations of any part—and bleeding was here indispensable.

Now, how was it in the cases of Dr. MAYNE, mentioned by Dr. CHURCHILL? when “full doses of opium aggravated the disease,” although he found small ones of service. Why in the first place they occurred in a *Poor House*, and what is quite as much to the point, many of the cases occurred as a *sequellæ* to *measles*, when the state of the system was lowered by this disease. So these cases, I have little doubt, were of an adynamic tendency and character.

Still, I presume, that full doses are best in many asthenic cases, where the depression is not *too* great, as in the early stages; on the other hand small doses best in the latter stages of some cases, originally of a sthenic form. *The present condition of the patient* should be the principal guide as to the dose—does he need stimulation, or can he bear sedation—this is the question to be determined.

In conclusion, I will say that this method of opium, not only in dysentery but in many other inflammations, seems to me at least to be founded upon correct therapeutic principles, and will add that my experience, so far as it has gone, is decidedly in its favor.

ART. XXXV.—Meteorological Register for Month of October, 1850.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date	Barometer.				Standard Thermometer.				Hygrometer.				Force of Vapor in Inches.				Relative Humidity.				Winds—Direction and Force.				Rain and Snow.	
	7 A.M.		9 P.M.		7		9		7		9		7 A.M.		9 P.M.		7		9		7 A.M.		9 P.M.		BEGAN.	ENDED. INCHES.
	2 P.M.	4 P.M.	6 P.M.	8 P.M.	2	4	6	8	2	4	6	8	2 P.M.	4 P.M.	6 P.M.	8 P.M.	2	4	6	8	2 P.M.	4 P.M.	6 P.M.	8 P.M.		
1	29.68	29.65	29.64	58.70	60.54	62.57	35.0	44.9	42.6	75	61	82	S.W.	2 S.	2 S.	2 S.	75	61	82	S.W.	2 S.	2 S.	2 S.	1		
2	29.62	29.64	29.60	57.71	58.52	63.54	32.2	46.9	35.0	69	61	75	W.	2 S.W.	2 S.W.	2 S.W.	69	61	75	W.	2 S.W.	2 S.W.	2 S.W.	1		
3	29.58	29.50	29.54	61.75	63.56	67.58	34.3	55.1	41.6	57	63	72	S.E.	2 S.W.	2 S.W.	2 S.W.	57	63	72	S.E.	2 S.W.	2 S.W.	2 S.W.	2		
4	29.57	29.54	29.60	58.78	63.52	64.61	30.9	40.9	51.0	64	42	88	S.	3 S.W.	3 S.W.	3 S.W.	64	42	88	S.	3 S.W.	3 S.W.	3 S.W.	2		
5	29.87	29.56	29.60	58.77	49.54	67.42	35.0	52.7	17.5	75	56	50	S.	2 S.W.	2 S.W.	2 S.W.	75	56	50	S.	2 S.W.	2 S.W.	2 S.W.	2		
6	29.70	29.68	29.65	44.68	47.42	63.44	24.1	50.9	24.9	83	74	77	S.W.	2 S.W.	2 S.W.	2 S.W.	83	74	77	S.W.	2 S.W.	2 S.W.	2 S.W.	1	4.15 p.m.	8.10 p.m.
7	29.65	29.60	29.58	56.59	48.53	54.43	36.3	35.1	21.2	80	70	63	S.W.	2 W.	2 W.	2 W.	80	70	63	S.W.	2 W.	2 W.	2 W.	1		1.28
8	29.56	29.57	29.60	58.59	50.52	54.47	30.9	36.1	28.3	64	70	78	W.	2 W.	2 W.	2 W.	64	70	78	W.	2 W.	2 W.	2 W.	1		
9	29.60	29.64	29.70	52.58	54.48	54.51	28.2	35.0	33.5	72	75	80	S.E.	1 S.E.	1 S.E.	1 S.E.	72	75	80	S.E.	1 S.E.	1 S.E.	1 S.E.	1		
10	29.75	29.74	29.72	51.64	43.51	60.41	33.5	46.5	23.1	80	78	83	S.E.	2 S.E.	2 S.E.	2 S.E.	80	78	83	S.E.	2 S.E.	2 S.E.	2 S.E.	1		
11	29.72	29.70	29.75	55.66	46.52	62.42	34.9	50.2	21.5	80	78	69	W.	2 S.W.	2 S.W.	2 S.W.	80	78	69	W.	2 S.W.	2 S.W.	2 S.W.	1		
12	29.80	29.75	29.66	58.70	53.55	61.47	39.3	41.6	24.1	81	57	60	E.	1 S.E.	1 S.E.	1 S.E.	81	57	60	E.	1 S.E.	1 S.E.	1 S.E.	1		
13	29.60	29.56	29.50	47.60	49.41	55.45	24.9	36.7	24.7	77	70	71	W.	1 S.W.	1 S.W.	1 S.W.	77	70	71	W.	1 S.W.	1 S.W.	1 S.W.	1	3.10 p.m.	11.30 p.m.
14	29.52	29.60	29.65	41.58	48.41	53.43	21.8	33.6	21.2	75	69	63	S.W.	2 S.W.	2 S.W.	2 S.W.	75	69	63	S.W.	2 S.W.	2 S.W.	2 S.W.	1	11 p.m.	.32
15	29.70	29.75	29.80	46.57	46.45	51.42	28.6	29.5	21.5	92	63	69	E.	1 W.	2 S.W.	2 S.W.	92	63	69	E.	1 W.	2 S.W.	2 S.W.	1	5.30 a.m.	.03
16	29.80	29.65	29.64	44.49	32.41	47.38	21.8	29.7	17.7	75	85	66	S.W.	2 S.W.	2 S.W.	2 S.W.	75	85	66	S.W.	2 S.W.	2 S.W.	2 S.W.	1	10.15 p.m.	.27*
17	29.62	29.58	29.56	42.48	45.40	45.41	22.1	26.0	20.5	82	77	68	W.	2 W.	2 W.	2 W.	82	77	68	W.	2 W.	2 W.	2 W.	2	3 p.m.	* First snow of the season. Depth 3 in.
18	29.53	29.60	29.60	41.45	37.38	42.34	19.0	22.8	15.7	73	76	71	N.W.	2 N.W.	2 N.W.	2 N.W.	73	76	71	N.W.	2 N.W.	2 N.W.	2 N.W.	1		
19	29.62	29.60	29.60	35.48	34.33	43.32	16.2	21.2	15.5	79	63	79	S.W.	1 S.W.	1 S.W.	1 S.W.	79	63	79	S.W.	1 S.W.	1 S.W.	1 S.W.	1		
20	29.62	29.64	29.68	31.47	33.31	45.30	13.9	27.3	13.2	71	84	70	W.	1 S.W.	1 S.W.	1 S.W.	71	84	70	W.	1 S.W.	1 S.W.	1 S.W.	1		
21	29.70	29.62	29.54	32.37	31.30	34.32	14.4	15.7	15.5	79	71	79	W.	1 W.	1 W.	1 W.	79	71	79	W.	1 W.	1 W.	1 W.	1		
22	29.46	29.51	29.68	32.36	33.30	33.30	14.4	14.9	13.2	79	70	70	S.W.	2 S.	2 S.	2 S.	79	70	70	S.W.	2 S.	2 S.	2 S.	1	9.30 p.m.	1.17*
23	29.68	29.67	29.70	33.39	37.31	36.33	15.1	17.3	13.6	80	72	61	S.W.	2 S.E.	2 S.E.	2 S.E.	80	72	61	S.W.	2 S.E.	2 S.E.	2 S.E.	1		
24	29.70	29.72	29.67	38.42	36.35	38.32	16.5	17.7	12.9	71	66	61	S.	2 S.W.	2 S.W.	2 S.W.	71	66	61	S.	2 S.W.	2 S.W.	2 S.W.	1		
25	29.75	29.70	29.58	37.40	36.34	37.33	15.7	18.1	14.9	71	73	70	W.	2 S.W.	2 S.W.	2 S.W.	71	73	70	W.	2 S.W.	2 S.W.	2 S.W.	1		
26	29.43	29.48	29.50	36.38	34.34	34.32	17.0	14.4	15.5	80	62	79	S.W.	2 S.W.	2 S.W.	2 S.W.	80	62	79	S.W.	2 S.W.	2 S.W.	2 S.W.	2		
27	29.36	29.40	29.42	30.36	32.28	34.30	13.0	17.0	13.2	78	80	70	S.W.	2 S.E.	2 S.E.	2 S.E.	78	80	70	S.W.	2 S.E.	2 S.E.	2 S.E.	1		
28	29.47	29.42	29.50	32.39	34.30	35.30	14.4	15.2	12.1	79	63	61	S.E.	2 S.E.	2 S.E.	2 S.E.	79	63	61	S.E.	2 S.E.	2 S.E.	2 S.E.	1		
29	29.52	29.68	29.88	34.42	33.32	34.30	15.5	19.2	13.2	79	34	70	W.	2 S.W.	2 S.W.	2 S.W.	79	34	70	W.	2 S.W.	2 S.W.	2 S.W.	1		
30	29.60	29.61	29.65	35.47	36.33	39.32	16.2	13.4	12.9	79	41	61	W.	1 S.W.	1 S.W.	1 S.W.	79	41	61	W.	1 S.W.	1 S.W.	1 S.W.	2		
31	29.70	29.70	29.65	32.42	32.30	38.30	14.4	17.7	14.4	79	66	79	S.W.	2 S.W.	2 S.W.	2 S.W.	79	66	79	S.W.	2 S.W.	2 S.W.	2 S.W.	2		

Bibliographical Record.

PROCEEDINGS AND DEBATES OF THE THIRD NATIONAL QUARANTINE AND SANITARY CONVENTION, held in the City of New York, April 27th, 28th, 29th, and 30th, 1859. Reported by CHAS. COLLAR and WM. ANDERSON, Phonographic Reporters, New York.

Board of Councilmen, Sept. 19th, 1859. Document No. 9. New York: Edmund Jones & Co., printers to Board of Councilmen, No. 26, John st. 1859.

As an introduction to the volume, of which the above is the title, we have a letter from Dr. WILSON JEWELL, of Philadelphia, "presenting a brief history of the rise and progress of the QUARANTINE AND SANITARY CONVENTIONS." From this letter we learn that the Quarantine and Sanitary Convention is the offspring of Dr. JEWELL's conception and effort. A long experience in the Board of Health of a large city, and an investigation into the general subject of Quarantine, gave him clearer views of the defects, and consequent commercial embarrassments, and also, disease, the disseminating influence of prevailing Quarantine laws and practices. In November, 1856, the Board of Health, of which he was a member, appointed a committee to correspond with similar bodies in New York, Boston, Baltimore, and New Orleans, in reference to a convention of delegates from the Boards of health in the maritime cities of the United States.

The result of this effort was the assembling of the

first Convention in Philadelphia in May, 1857. Nine Atlantic States are represented. The second meeting was held in Baltimore, in April, 1858. At this meeting "two Committees, one on External Hygiene or Quarantine, and the other on Internal Hygiene or the Sanitary Arrangements of cities," were appointed. The reports of these committees were laid before the Convention at its third and last meeting in New York in May last; and are now published in the "Proceedings."

The Report of the Committee on Qaarantine is composed of four papers:

- I. History of Quarantine.—Dr. JEWELL.
- II. Have Quarantines secured the object for which they were originally intended? If not, the reasons of their failure.—Dr. JEWELL.
- III. What reforms are required to make Quarantines more efficient and less burdensome?—Dr. CONDIE.
- IV. Is a uniform system of Quarantine laws feasible? If so, to propose a plan by which the object may be accomplished.—Dr. WRAGG.

The Report of the Committee on Internal Hygiene or the Sanitary arrangements of cities, embodies the following papers:

Introduction by Dr. MILLER.

Report on Disinfectants by Dr. VAN BIBBER.

Letter of CAMPBELL MOFFITT, M. D.

"Disinfectants" by Dr. SHERIDAN MUSPRATT, F. R. S. E.

Comparative value of certain methods of Disinfection, by M. M. TARDIEU & CAZALIS.

We find, also, a Report upon Sewerage, Water Supply, and Offal, By Dr. GRISCOM; and another very long and full report on the importance and economy of Sanitary measures to cities, by Dr. BELL.

There is also a draft of a Sanitary Code for cities, by Dr. CLARK.

These last subjects are of vital importance to all con-

siderable towns; and should be studied by all town practitioners of medicine. The reports show, as a general rule, thorough investigation. The next convention will, we venture to "guess", meet in Boston, although the reporters fail to tell us the result of the vote on a resolution to that effect.

At the close of the Convention the New York Common Council entertained the delegates at the Metropolitan Hotel, Mayor TIEMAN presiding. Our Sanitary friends seem to have had a "time" as "good" to themselves, as, we trust, their labors will prove profitable to the health of cities.

G.

THE PHYSICIAN'S HAND-BOOK OF PRACTICE, for 1860. By WILLIAM ELMER, M. D., and LOUIS ELSBERG, M. D. New York: W. A. Townsend & Co., No. 46 Walker Street. 1860.

As most, if not all, of our readers are familiar with this little book, it is hardly necessary to inform them that it is a combination of a hand-book of practice and a physician's diary. It is a very perfect arrangement as a diary, although too complicated, for easy use. We think too much has been attempted. Simplicity of form and arrangement should be the great object in getting up a blank diary. To those who rely upon "pocket companions," the hand-book of practice will prove of very great service. The whole is well and neatly bound; and in this feature exceeds, by far, any other work of the kind yet issued.

For sale by the Publishers of this Journal.

G.

Editorial Department.

EDITORIAL CORRESPONDENCE.

ABERDEEN, Scotland, Sept. 23rd, 1859.

Dear Readers of the Peninsular and Independent :

In my last I gave some account of a portion of the medical gentlemen connected with King's College Hospital, and, I think, Middlesex Hospital, London. My design was to go on with the accounts of London men and institutions, until all I had to say of them was completed—then proceeding to describe some of the men and things in Paris, Germany, &c., following the order in which my observations were made—but after passing through Wales and Ireland, I find myself in this distant part of Scotland, in attendance upon the meeting of "*The British Association for the Advancement of Science*," and under such circumstances of interest as to induce me to deviate from the original design and give in the present letter some account of affairs here—returning afterwards, perhaps, to the original plan. The reasons for deviating in this instance is, that the events, as they are transpiring, will be more fresh in my mind, and will be more interesting to you near the time of their occurrence.

The name of this body is quite explicit as to its great object. It is said to owe its commencement to a discussion which arose, between the years 1826 and 1831, as to the low state of science in England, and the neglect here of scientific men. Sir HUMPHREY DAVY, Sir JOHN HERSCHEL, Sir DAVID BREWSTER, Professor PLAYFAIR, and others of similar character, had expressed their opinions of the superiority of many foreign, to British Scientific Institutions, and their strong feeling regarding the want of encouragement given to scientific men in the country. Sir H. DAVY wrote, that in looking back, he found in

previous reigns, BOYLES, CAVENDISHES, and HOWARDS, who rendered their great names more illustrious by their scientific renown.

“But,” he adds, “we may in vain search the aristocracy now for philosophers, and there are very few persons who pursue science with true dignity; it is followed more as connected with objects of profit than those of fame, and there are fifty persons who take out patents for supposed inventions, for one who makes a real discovery.”

A Mr. BABBAGE, Sir DAVID BREWSTER, and others, wrote in a similar strain, insisting that the higher departments of science had gradually declined since the days of NEWTON. Sir DAVID concluded an extended article on the subject, in the *Quarterly Review*, by saying:

“An association of our nobility, clergy, gentry, and philosophers, can alone draw the attention of the Sovereign and the nation to this blot upon its fame. Our aristocracy will not decline to resume their proud station as the patrons of genius, and our noble names will not renounce their place in the scientific annals of England. The prelates of our National Church will not refuse to promote that knowledge which is the foundation of pure religion, and those noble inquiries which elevate the mind and prepare it for its immortal destination. If this effort fail, we must wait for the revival of better feelings, and deplore our national misfortune in the language of the wise man: ‘I returned, and saw under the sun that there is neither bread to the wise, nor yet riches to men of understanding, nor yet favor to men of skill.’”

By appeals like these, and from such sources, in 1831, through the instrumentality of Lord BROUGHAM, the state of science, and its cultivators, was brought before Lord GREY’s Government, and some important objects relative to such an association, as had been suggested by Sir DAVID BREWSTER, were secured. The idea of an association of this kind, though urged with such effect by Sir DAVID—a man who has been described as “a philosopher whose investigations have been extended through almost every branch of physical science,”—was not original with him; for, similar associations had existed in Germany for some years before, and the advantages to each other, of learned men meeting together, had long been understood. The distinguished LA PLACE manifested his appreciation of such meetings when he said:

“The chief advantages of learned societies is the philosophical *spirit* to which they give birth, and which they can not fail to diffuse over all

the various pursuits of the nations among whom they are established. The insulated scholar may, without dread, abandon himself to the spirit of system; he hears the voice of contradiction from afar; but in a learned society the collision of systematic opinions soon terminates in their common destruction; while the desire of mutual conviction creates among the members a tacit compact, to admit nothing but the results of observation, or the conclusions of mathematical reasoning. Accordingly, experience has shown how much these establishments have contributed since their origin to the spread of true philosophy."

The first meeting of the *British Association for the Advancement of Science*, was held at York, in September of 1831, and has consequently been in existence 28 years—the present meeting being its 29th. The first meeting, so efficient had been the efforts to call public attention to the subject, consisted of 353 persons. Lord MILTON, then President of the York Philosophical Society, presided, and in his opening address said:

"With regard to the more direct advantages which we have a right to anticipate from these meetings, I have no doubt that, if they shall be extended to different parts of the country, and held in well-selected places, this result will be obtained: the men of science, now scattered over the empire, will be enabled to meet each other, and mutually communicate their ideas; they will state the advances which have been made in their own respective spheres of action, and also what the deficiencies may be. Thus not only will an extraordinary impulse be given, but the individuals and the societies, taking part in the meetings, will learn what part of science they can cultivate with the greatest utility, and will give their researches the most advantageous direction."

Another object of the Association was stated to be, to secure a collection of reports, showing the present state of science, in order that scientific students might know where to begin their labors; and in order that those who pursue one branch of knowledge might know how to communicate with inquirers in another, for it was affirmed that want of such knowledge was constantly found; and also that speculations were published which showed the greatest ignorance of what had been done and written on the same subjects, by others. Besides these general objects, the originators aimed at a repeal or reform of the law of patents, and at direct national encouragement, by government, for science and its cultivators. From this beginning, and with these aims, an account of which I have thought proper

to thus somewhat fully present to you, the society has gone on in a course of increasing prosperity and success, and has been a powerful means of raising British science and scientific men to their present proud position. At the first meeting at York, as already stated, 353 tickets were issued — at Oxford, the next year, 564 — at Cambridge, in 1833, 856 — while at the next meeting at Edinburgh, there were 1,139; and still the next, at Dublin, there were 1,203; and at the meeting at Newcastle, several years after, 2,076 were in attendance — the largest of any until the present meeting, at which nearly 3,000 tickets have already been issued, and many more would have been granted to applicants, had the room in which the great meetings are held, been large enough to accommodate more. Of the immense numbers in attendance there is a fair sprinkling of ladies — for the most part, the wives, sisters and daughters of members. Of those present between 500 and 600 are full permanent life members, having paid an initiation fee of £10, and after paying the annual sum which entitles them to the volume of Transactions, without further expense; the remainder being Associate members — paying an annual subscription fee. Special tickets are furnished for ladies at £1 each, entitling them to be present at the meetings; but their names do not appear in the printed lists, as do the regular and Associate members — the two latter classes, however, being in separate pamphlets. There are 26 delegates from different learned societies in Great Britain, and one from the American Medical Association. There are a considerable number of gentlemen present, interested in science from foreign countries — representing France, Holland, Germany, Austria, Russia, and the United States.

Though the Association is steadily gaining in favor with scientific men and the country, yet much of the *eclat* of the present meeting has been given by the fact of the PRINCE CONSORT acting as President — besides the curiosity existing everywhere of seeing personages of high position, there is among most of the British people a peculiar admiration for rank and title, and a strong feeling of loyalty indulged without restraint towards their present worthy *sovereign*, which makes them almost worship — at least show the greatest interest in every one connected with the Royal Family. Be-

sides all this, Prince ALBERT is, from his unexceptionable character, and his manifest interest in science and improvement, personally popular; and all these circumstances have doubtless contributed to bring together many who otherwise would have pursued other objects of interest or amusement.

The Association convened on the 14th Sept. inst.—the *Council* at 10 A. M., the *General Committee* (which does most of the arranging of affairs and general business) at 1 P. M., the *General Meeting* occurring at 8 1-2 P. M.; when the retiring President, Prof. OWEN, yielded the chair to his successor in a brief speech, and Prince ALBERT proceeded to deliver an opening address. It was an unpretending, but clear and sensible production, and was well adapted to the occasion. He spoke in becoming terms of his inferiority as a man of science, compared with others around him, and claimed indulgence in his attempts to perform his duties, especially so, as he succeeded to “a man of whom the country was justly proud, and whose name stood among the foremost of the naturalists in Europe, for his patience in investigation, conscientiousness in observation, boldness of imagination, and acuteness in reasoning.”

In mentioning the reasons which determined him to accept the office, he said:

“Remembering that this Association is a popular Association, not a secret confraternity of men jealously guarding the mysteries of their profession, but inviting the uninitiated, the public at large, to join them; having as one of its objects to break down one of those imaginary and hurtful barriers which exist between men of science and so-called men of practice—I felt that I could, from the peculiar position in which Providence has placed me in this country, appear as the representative of that large public, which profits by and admires your exertions, but is unable actively to join in them; that my election was an act of humility on your part which to reject would have looked like false humility, that is like pride, on mine. But I reflected further, and saw in my acceptance the means, of which necessarily so few are offered to her Majesty, of testifying to you, through the instrumentality of her husband, that your labors are not unappreciated by your Sovereign, and that she wishes her people to know this as well as yourselves.”

He then spoke of the objects of the Association in very proper terms, and proceeded to give his notions of science; the following extract serving as a specimen of his style of thought and expression and being worthy of being reproduced:

"To me, science, in its most general and comprehensive acceptation, means the knowledge of what I know, the consciousness of human knowledge. Hence, to know is the object of all science; and all special knowledge, if brought to our consciousness in its separate distinctiveness of form, and yet in its recognized relation to the totality of our knowledge is, scientific knowledge. We require, then, for science—that is to say, for the acquisition of scientific knowledge—those two activities of our minds which are necessary for the acquisition of *any* knowledge—analysis and synthesis; the first, to dissect and reduce into its component parts the object to be investigated, and to render an accurate account to ourselves of the nature and qualities of these parts by observation; the second to recompose the observed and understood parts into a unity in our consciousness, exactly answering to the object of our investigation. The labors of the man of science are therefore at once the most humble and the loftiest which man can undertake. He only does what every little child does from its first awakening into life, and must do every moment of its existence; and yet he aims at the gradual approximation to divine truth itself. If then, there exists no difference between the work of the man of science and that of the merest child, what constitutes the distinction? Merely the conscious self-determination. The child observes what accident brings before it, and unconsciously forms its notion of it; the so-called practical man observes what his special work forces upon him, and he forms his notions upon it with reference to this particular work. The man of science observes what he intends to observe, and knows why he intends it. The value which a peculiar object has in his eyes is not determined by accident, nor by an external cause, such as the mere connexion with work to be performed, but by the place which he knows this object to hold in the general universe of knowledge, by the relation which it bears to other parts of that general knowledge.

"To *arrange* and *classify* that universe of knowledge becomes therefore the first, and perhaps the most important, object and duty of science. It is only when brought into a system, by separating the incongruous, and combining those elements in which we have been enabled to discover the internal connexion which the Almighty has implanted in them; that we can hope to grapple with the boundlessness of His creation, and with the laws which govern both mind and matter. The operation of science then has been, systematically to divide human knowledge, and raise, as it were, the separate groups of subjects for scientific consideration into different and distinct sciences."

He spoke for about fifty minutes with a fairly distinct and agreeable voice, and with a moderate German accent, and his effort was very well received by one of the most intelligent audiences ever assembled, and which seemed fully to sympathize with Sir BENJAMIN BRODIE, who, in moving a vote of thanks, said:

"Gentlemen of the British Association; His Royal Highness has performed the task which he had undertaken, and I think we have a duty to perform before this meeting separates. Of the address His Royal highness has just delivered, I might say much more, if I were not prevented by the presence of his Royal highness; but this much I may venture to say, that we may trace in it the same signs of strong and sound sense, clearness of comprehension, varied knowledge, and good intentions, which are to be found in all the addresses which His Royal Highness ever made in public. [Applause.] I am sure that we must all feel that this country is greatly indebted to His Royal Highness for the attention which he pays, on all occasions, to the advancement of knowledge and improvement of our social system, and for contributing as he does in every way to promote the happiness of this, his adopted country. [Applause.] I am sure you will all agree with me that we ought to express our cordial thanks to his Royal Highness, for the address which he has just delivered, for having consented not only to adorn this meeting with his presence, but to take the chair and make such exertions for us. [Applause.] I am sure you will all join with me in hoping that he may long be spared to be an honour and a credit to this country. [Great cheering.]"

The scientific work of the Association, which, after all, is its great feature, is done in sections, eight in number, holding their sessions at the same time in different rooms, from 11 o'clock to 3. These are as follows; of *Mathematical and Physical Science*—presided over by the Earl of Rosse, F.R.S.; of *Chemical Science*—President, Dr. LYON PLAYFAIR, C.B., F.R.S.; of *Geology*—President, Sir CHARLES LYELL, LL.D., D.C.L., F.R.S.; of *Zoology and Botany*—President, Sir W. JARDINE, Bart., F.R.S.E.; of *Physiology*—President, Prof. SHARPEY, F.R.S.; of *Geography and Ethnology*—President, Admiral Sir J. C. Ross, D.C.L., F.R.S.; of *Economic Science and Statistics*—President, Col. SYKES, F.R.S., M.P.; and of *Mechanical Science*—whose President is the Rev. Prof. WILLIS, F.R.S., of the University of Cambridge.

In these eight sections, during their six working days now just brought to a close, 371 papers were read, (generally in full, though sometimes by abstracts,) and discussed. This enormous number embraces almost every variety of scientific subject, from the minutest molecule and the laws which govern its being, to the largest bodies, and the most momentuous interests in the universe, and the great principles connected with their existence and operations. Not only matters of physical, chemical, and vital science were discussed, but Economics and

Statistics were brought under consideration, and some of the most able and animated discussions of the meeting were held in this section. Such subjects as the following: statistics of the Trade and Progress of the Colony of Victoria, Australia—statistics of the Small-Pox and Vaccination in the United Kingdom—statistics of the Free Church Building in Glasgow—Trade and Commerce of India—the Industrial Feeding Schools of Aberdeen—the Effect of the Influx of the precious Metals which followed the Discovery of America—the Social and Economical influence of the New Gold of California and Australia—statistics of Color Blindness—Decimal Coinage—Progress of Public Opinion, with respect to the evils produced by the Traffic in Intoxicating Drinks, as at present regulated by Law, &c.—were ably reported upon and elicited a large amount of interest.

The division in which I took most interest, and which I attended most constantly, was that of Physiology, embracing as it did, in its various papers and the discussions upon them, many Pathological subjects as well. The following are the subjects of the principal papers produced:

Professor Bennett.—On the Structure of the Nerve Tubes.

Dr. Redfern.—On the Admixture of Nervous and Muscular Fibres in the nerves of the Leech.

Bernard E. Brodhurst, F. R. C. S.—On the Repair of Tendons after their Sub-cutaneous Division.

Dr. Foster.—On the action of the Heart of the Snail.

G. H. Lewes.—On Improved processes of Physiological Investigation.

G. H. Lewes.—On the supposed distinction between Sensory and Motor Nerves.

John Adamson, M. D.—Case of Lactation in an unimpregnated Female of the *Canis familiaris*.

Professor Allman.—Report on the Reproductive Organs of the Hydroid Zoophytes.

George Ogilvie, M. D.—The Genetic Cycle in Organic Nature.

Professor Laycock.—Handwriting and Drawings of the Insane—as illustrative of some modes of Cerebral Functions.

Professor Bennett.—On the Origin of Morbid Growths, with reference to the Connective Tissue theory.

John Duguid Milne, jun., M. A.—On the Homologous Development of the Muscular System.

Robert Garner, F. L. S.—Reproduction in Gasteropoda, and on some curious Effects in Endosmosis.

- John Marcel, M. D., F. R. S.*—An Experimental Inquiry into the action of Alcohol on the Nervous System.
- Professor Bennett.*—On the Molecular Theory of Organization.
- W. E. C. Nourse, F. R. C. S.*—On the Organs of the Senses, and on the Mental Perceptive Faculties.
- A. B. Garrod, M. D., F. R. S.*—On the Specific, Chemical, and Microscopical Phenomena of gouty inflammation.
- G. H. Lewes.*—A Demonstration of the Muscular Sense.
- George Rainey, M. R. C. S.*—On the Structure and Mode of Formation of Starch Granules, according to the principle of Molecular Coalescence.
- John Dennis Macdonald, R. N., F. R. S.*—On the Homologies of the Coats of Tunicata, with remarks on the Physiology of the Pallial Sinus System of Brachiopoda.
- Professor W. W. Fisher.*—Illustrations of the Normal Development of the Vertebrate System, by its Abnormal States.
- Edward Smith, M. D., LL. B.*—On the Sequence observed in the Phenomena observed in Man under the Influence of Alcohol.
- Alphonse Gages, M. R. S. A.*—On the comparative action of Hydrocyanic Acid on Albumen and Caseine.
- Richard Fowler, M. D., F. R. S.*—A second Physiological attempt to unravel the perplexities of the Hypothesis of Berkley.
- William Camps, M. D.*—On certain imperfectly recognised functions of the Optic Thalami.
- William Camps, M. D.*—On certain Subjective Sensations, with especial reference to the Phenomena of Second Sight, Visions, and Apparitions.

A brief account of some of these papers and their authors, will constitute the burthen of the remainder of this letter, already becoming long.

The author of the first paper on the list, Prof. BENNETT, of Edinburgh, is the same who has recently given to the world a large work on "*Clinical Medicine*," and who has distinguished himself by so strenuous an advocacy of abstinence from blood-letting, and other depleting measures in the treatment of Inflammations. I was curious to see this gentleman, and to get an impression of the character of his mind, as evinced by his appearance and efforts, otherwise than upon paper; and have had an excellent opportunity in his frequent participations in the discussions of the section of the Association in which he takes a most active part. He is a man rather less, than above, 50, scarcely looks older than 40, of about medium size, with a short nose, and not

an expanded brow. He has an active, vigorous temperament, and is evidently fond of controversy and disputation; but I must say, that what I have seen of him, has not strongly impressed me with the clearness of his impressions, the earnestness and depth of his convictions, or the rigor of his logic. I do not intend to say that he is markedly deficient in any of these respects, but, simply, that in my judgment, he is not eminent in either. That he has a good amount of talent—that he is active and industrious, his numerous productions prove. That he has the ability to inspire others with zeal and activity in scientific and professional pursuits, his students testify—but that he is one of those clear-headed, unprejudiced men, whose enlarged views, expanded powers, and unquestionable purposes, render them eminent as authorities, cannot be fairly claimed; and, although a useful contributor to science, his conclusions, (as should in fact be the case with every man's), must by no means be received without the most rigid investigation. I feel in duty bound to say at least this much, because it is my strong conviction, and because his works and opinions are becoming extensively disseminated throughout our country, and many of them, in my judgment, are far from being sustained by the largest observation of facts, and the most careful inductions of reason. These remarks are not made with special reference to his papers presented to the section of the Association, with which you will be less interested than with the question,—whether, when you have a strong, well-nourished patient, with a full muscular system, attacked with a sthenic inflammation, you shall not draw blood as a powerful means of diminishing that action, and preventing its development into all the consequences which may follow? It is to enable you to give Dr. B.'s authority its proper weight on this and other great practical questions, rather than those of a more abstruse character respecting the ultimate structure of the nerve-tube, or even the great molecular theory of organization, that I have made these remarks.

The chief idea in the first paper is that the fluid in the nerve-tube is capable of being coagulated by certain manipulations and reagents, and that the curious structures observed by various observers and authors, do not exist in the semi-

fluid or central part of the tube, but are the results of these chemical changes—of a partial coagulation. He thinks the nerves are simple tubes containing a viscus fluid, of unknown, but in different parts, various chemical composition—hence, being variously effected by reagents in the different parts, producing the central, flattened, and waving fibre, and all the other forms observed by CLARK, and others, but that the *Structure* is uniform.

Prof. ALLEN THOMSON, of Glasgow, agreed with Prof. BENNETT, in much he had said, but thought there was a difference of structure as well as of chemical composition in the interior of nerve-tubes—that there is a medullary sheath and a central body. However, he thought nothing was very positively known on the subject, and it was hardly proper to come to conclusions on the data given.

Prof. SHARPEY, President of the Section, and a noble specimen of a clear-headed, honest-hearted, scientific man—large and erect in body and mind, said: even Dr. BENNETT did not deny that there was at least a difference of consistence in the different portions of the contents of the nerve-tube, and he thought this involved something more. The central axis or central filament, as described, differed in structure from the rest of the contents of the nerve membrane, or tube. The different parts were more or less independent of each other. He had watched the growth of nerves, and found that the central parts or filaments grow first. The ultimate nerve tapers at its extremity, when growing. Still he admitted that many of the changes described by authors were probably mere fibrillation occurring after death, or in consequence of reagents.

Dr. ACLAND, formerly Professor of Anatomy, now of Medicine, at Oxford University, thought it was dangerous to truth to draw conclusions as speedily and decidedly as some did on the structure of the nerves. Many of the appearances were doubtless produced by manipulations and reagents, and it was difficult to say how far these differences, when produced, indicated original difference of structure. But there was a difference between the external and internal membrane of the nerve-tube, and the central axis differed from the rest of the contents. This difference was chemical or structural, or both—quite likely

both; but we should be careful about attaching difference of functions to these different parts. Our knowledge was not sufficiently advanced for that.

Dr. REDFERN, Professor of Anatomy and Physiology in the University of Aberdeen, said: True Physiologists are very cautious in these respects. They gave only what they saw; and, in these cases under discussion, observations were not so perfect as to entitle one to draw physiological conclusions. He requested information as to the difference between sympathetic and common nerve-tubes.

Dr. SHARPEY said:

This question, like many others, was more easily asked than answered.

Dr. BENNETT said:

He did not deny there were differences of some kind in different parts of the nerve-tube or fibre. The central portion, or as it had been called, band, had more affinity for coloring matter, for instance; but the question was as to structural difference. He could not see it in the recent state.

Dr. ACLAND said:

Dr. BENNETT, after all, proved there was a difference, (he seemed to start with the position that there was none), slight, perhaps, but yet a difference, as shown by the effects of water and other agents. A slight difference in structure, or even in chemical composition, may cause a decided difference in function; so that he scarcely saw what Dr. BENNETT's paper had made out. Here I find in my notes (these sketches are from notes taken at the time of the reading of the papers, and the discussions on them), these inquiries: May not chemical differences in the different portions of a nerve modify the functions as much as structural differences? Is it not indeed probable that chemical affinity has much to do in conveying impressious through nerves?

Dr. REDFERN's paper, the next on the list, merely affirmed that he had seen, some years ago, movements in the nerve of a leech carefully dissected out for a considerable distance from its surrounding connections. The inference was that nerve substance had the power of spontaneous oscillatory movements. He had made many inquiries on the subject without obtaining light, but had recently examined the leech carefully, and had found muscular fibres in the sheath, and

combined with the sympathetic nerve. When nerves are cut off from other connections, but left with their ganglia, some will be found to bend in a rainbow form. Those that do so will be found to have muscular fibres attached to them within their sheaths, and on the side towards which the curve takes place. His observations have been made on leeches, but he has no doubt the same will be found true with regard to other of the lower classes of animals.

The author of the next paper, Mr. BRODHURST, is one of the Assistant Surgeons to the Royal Orthopædic Hospital, London, and, though a young man, has had opportunities for practical observation in the many cases of subcutaneous divisions of tendons occurring there. His paper was of much practical interest to surgeons, but abounded in details too lengthy to be recorded in this letter. I shall attempt to give only a few of the conclusions.

When a tendon has been divided, its ends should be approximated, or union may not take place. The distance varies at which union may occur in the divided ends, but there are limits in all cases, and in some the distance must be small. After union has taken place, the new connecting material may be extended very much by mechanical means, while it is new. It then becomes permanent structure in the extended form. Motion, as exertions of the muscles attached, will sometimes prevent union when the cut ends are not far asunder. If the tendons, after being cut, are separated more than two inches, union is not likely to occur. The formation process commences at the cut ends of the tendon, and is built out in that way; but the sheath of the tendon is useful in giving it form. In the case of long ligamentous substance between the fragments of a broken patella, it is probable that union occurred when the bones were approximated, and the new substance extended afterwards by the action of the strong muscles. When much force is applied to the new tendon when recent, it may be greatly elongated—several inches—so as even to render the muscle with which it is attached powerless. While the new tendon is recent, if all tension is removed from it, contraction is apt to occur. After a time, as a few months, it becomes fixed and permanent as other structures.

Sir BENJAMIN BRODIE and Prof. SHARPEY asked the reporter several questions which elicited a portion of the facts above recorded.

Dr. FOSTER's paper, the next in order, tended to show that the heart of snails, when cut into small pieces, continued to beat for a considerable time, each piece beating rhythmically—wherefrom the inference was drawn, that the heart of these animals had an inherent power of rhythmical contraction within itself, independent of nerves. In a somewhat lengthy discussion which followed on this paper, Dr. BENNETT agreed with the reporter generally.

Prof. HUXLEY, of London, said these experiments applied to the frog would have met with different results. In the higher animals, the heart is evidently under the controlling influence of nerves.

Prof. SHARPEY suggested that there might be small ganglia in the heart tissue, causing each part in which the ganglia was situated, to beat under proper stimuli independently; but yet the different particles influenced others near them. Something of this kind was found in the intestines. He compared this arrangement to a team of horses—each had a motion from its own volition, but one horse was influenced by the others, and all were governed by the driver, with his reins and whip. The latter he compared to the nerves which usually governed and harmonized all such motions.

Profs. THOMSON and HUXLEY favored the idea of the inherent motive power of muscles, independent of nerves, coming back to the old views of HALLER.

Sir B. BRODIE said:

Spermatozoa acted rhythmically though they had no nerves. Yet nerves do unquestionably influence the heart.

Dr. BENNETT said: The heart of a chick beat before it had any definite structure—while there were nothing but cells apparent. But said Dr. THOMSON: This is an incipient heart with all its parts in prospect.

For my own part, I cannot confide in the observations of the reporter as to the fact. It seemed to me from the manner of his observations, that he might have been mistaken. The movements were seen several minutes apart, and it occurred to me there was an opportunity for self-deception.

Mr. G. H. LEWES—not a medical man, but an able popular writer, sent in three papers on physiological subjects, the titles of which are in the list. He attacked prevailing views with boldness and vigor, and brought some out severely against him, especially Dr. BENNETT.

Mr. L. found fault with a want of accurate definitions of *sensation*, and various other terms used. Announced as a trueism, that identity of structure gives identity of function, and diversity of structure diversity of function—declared, the structure of what we called sensory and motor-nerves to be identical—questioning the common distinction—declared the gray matter of the nerves to be identical with the gray matter of the brain—inferred identity of function—a force of their own, like brain force—proposed new terms—neurility and sensibility, giving each specific meanings, &c., &c. Dr. BENNETT's criticisms I thought very loose and illogical. Profs. SHARPEY, THOMSON, and HUXLEY, and Sir B. BRODIE, were more liberal and fair in their remarks, admitting, as all must, that we have much in relation to the physiology of the nerves to improve and learn. The discussion was exceedingly interesting, but took too broad a range, and was too much diversified to be reported here.

For my own part, I felt much interested in Mr. LEWES, who was not present, and in a subsequent discussion upon another of his papers, defended some of his positions, which I believed to be correct. I hope he will go on with his physiological writings. It is alleged that he is an "outsider," but outsiders, in regard to any science or subject, may be useful critics nevertheless. We often consult even children as to the faithfulness of a picture to nature, and profit by their opinions. Improvements in medical science have sometimes come from non-professional persons—political improvements from those who have not been educated in politics. But Mr. LEWES, though not a professional man, has studied, it was stated, physiology thoroughly—was well informed of its literature—perhaps much better than some who might criticise him. While I would not receive such a man as an authority, I would listen to him as a witness, and would receive his suggestions for what they were worth.

I have thus given you a brief and exceedingly imperfect

report of a single day's proceedings, in one of the eight sections of the British Association for the Advancement of Science, and this, with other matters mentioned, will enable you, I hope, to form some notion of its character. I should, however, further say that two of the evenings since the body has been in session, besides the opening, have been occupied with lectures in the large Musical Hall, before the whole body. One by Sir R. J. MURCHISON, Director General of the Geological Survey of the United Kingdom, "On the Geology of the Northern Highlands of Scotland," another by the Rev. Dr. ROBINSON, Director of the Armagh Observatory, "On Electrical Discharges in highly Rarified Media;" and two other evenings were spent in general conversaziones in the Music Hall and rooms adjoining, where a large number of objects of scientific and historic interest were exhibited, and where promenades and refreshments were enjoyed—coffee, tea, &c., but no wines were provided. Large numbers of ladies were present on these occasions. The Geological lecture was illustrated by large drawings, and the the Electrical by the most brilliant experiments of the kind I have ever witnessed. During the electrical discharges into these Rarified Media, the Hall was darkened, and the most beautiful colored lights produced of which it is possible to conceive.

The concluding meeting—a general one—took place on Wednesday the 21st., at 3 o'clock P.M., when a report was made of the proceedings of the General Committee, showing an appropriation of £930 for the coming year; for various scientific enquiries, &c., and various congratulatory and laudatory speeches were made.

During the Session of the Association, a note was received by the Secretary from the *Prince Consort*, inviting, in the name of HER MAJESTY, the members of the General Committee, including foreigners in attendance, to a breakfast on Thursday at Balmoral, her Scottish residence, about fifty miles from Aberdeen, among the Highlands. It was of course accepted, and at 6 o'clock in the morning of that day, 200 persons, including most of the distinguished men of the Association, were on their way; seventeen miles being of railway and the remaining thirty-three by omnibusses. This route was a most beautiful one, up the river Dee, presenting many characteristic scenes of the Highlands, bringing us to the Palace about 2 o'clock.

This letter is already too long, and I shall attempt no detailed description of our entertainment. A good deal of preparation had evidently been made for our reception and enjoyment. There was a large collection of people within the grounds, tents were pitched about, bands of music, companies of Highlanders in their national costumes, were present, and during the afternoon a large number of the Scottish national games, such as throwing a huge sledge, carrying and throwing over an immense pole, foot racing, and dancing the "Highland Fling," were performed; the Queen giving prizes to those who excelled in these muscular feats. The Queen, and her husband and family were dressed in Scottish costume, and entirely unattended by any guards—not a musket was in sight—was surrounded by her guests and almost literally mingling with the people around. She is a bright, energetic, kind looking little woman, and the Prince of Wales and the rest of the family are very pleasant, good looking children. They all seemed in excellent health, and under excellent physical, mental, and moral discipline. Both the Queen and her husband appear remarkably young for persons of their age, and in no way appear to differ from other well dressed, well behaved, respectable people. Looking with purely republican eyes, it seems strange that so much interest is concentrated upon one little woman; innocent, sensible and amiable though she be—but the sentiment of loyalty is strongly rooted in the English, and indeed, in the Scottish heart, and in the present state of the world it may be well that it is so. There could, certainly, be no more unexceptionable *Royalty* than that which now amuses and interests the British nation; and as I left the royal presence and mansion, with the effects of royal good-cheer upon me, I could but join in the general wish for the good health and long life of HER MAJESTY, and as the bands played "God save the Queen," a fervent heart-felt response could but arise.

Yours truly,

Yours truly,

A. B. P.

The New York Medical Press

Very justly complains of us for quoting from its pages without due credit. We thank him for calling our attention to the fact and hasten to make due apo-

logy. The error originated with the compositor, and was inadvertantly allowed to pass the proof reader. We assure our *Metropolitan* brother that no injustice was intended. The charge, however, that we attempted to "deprive us (them) of our (their) distinguished fellow citizen, Dr. CAMMAH, of Fourteenth st., whom they (we), would fain locate in the pleasant *little village* of Detroit," is quite as "ludicrous" as any of our own "bundlers." The self-complacency, too, which our friend of the "*Press*" displays in advancing such an idea, and also in alluding to our pleasant little village is highly amusing. Don't be alarmed, brother, we won't steal *any* of you. By no act of ours will you be compelled to ruralize in Detroit.

G.

The Cleveland Medical Gazette

Asks us if we have forgotten him. By no means, dear brother; we thought we had given you due notice; and if we have not, we have reproduced from your pages a capital article of your own; and we now bear testimony that you are born, christened, and are crowing lustily. Seriously, we highly prize the exchange and wish it all success.

G.

Selected Articles, Abstracts, &c.

ABSTRACTS AND SELECTIONS for the PENINSULAR AND INDEPENDENT.

By M. A. PATTERSON, M. D., Tecumseh.

DESCRIPTION OF A FRACTURE-BOX ADAPTED TO THE APPLICATION OF EXTENDING AND COUNTER-EXTENDING ADHESIVE BANDS.

In the August number of the *Peninsular and Independent*, we gave an abstract of Dr. GILBERT's method of effecting counter-extension in oblique fractures of the lower extremity. Since then we have tested the value of his suggestions in two cases of fracture of the thigh-bone, one of which was very oblique, and we must say that we have never known fractures of this description treated with so little trouble to all concerned or with better results. In place of the splints recommended by Dr. GILBERT, we used an old fashioned straight fracture-box, modified for the proper attachment of the adhesive bands. Originally, this box was constructed of three narrow boards, the side pieces being of the length of a line drawn from the patient's groin to about six inches beyond his foot. The bottom board reached the same distance above, but extended no lower than just above the malleoli; thus allowing the heel to clear the bottom board. Mortice holes were cut near the lower end of each side piece, for the reception of a cross-piece, to which the now—we trust—obsolete gaiter or folded handkerchief was formerly tied for the purpose of maintaining extension. In the place of this cross-piece we substitute a wooden roller, an inch in diameter, with a ratchet-wheel on the end that passes through the outer side-piece. The centre of the roller is perforated with two gimlet-holes, through which the strings of the adhesive extension band are passed, in order to fasten them conveniently to the roller. The ratchet-wheel enables us to regulate and maintain the required extension very perfectly. Instead of terminating the outside piece opposite the groin, as in the old box, we have it made to extend, in a direction somewhat obliquely above the plane of the box, to a point opposite the nipple or rather above it. The object of this departure from a straight line is to give the box, and consequently the injured limb, any desired inclination from below upward without resistance from the under edge of the upper

splint-like extremity of the box. The object of extending the side-piece so high toward the axilla is to form a point for the attachment of the adhesive counter-extending bands, after adjustment, precisely in the manner directed by Dr. GILBERT; whereby we secure the principal object of PHYSICK's modification of DESAULT's splint. In this position, in the language of DORSEY, "The band for counter-extension acts upon the pelvis in a line nearly parallel with the natural direction of the limb and has no tendency to any lateral displacement of either fragment."

The extending and counter-extending strips should be neatly applied, and made to adhere firmly to the skin before the limb is placed in the box. In compound fractures, lids, to open on hinges, must be inserted, at points convenient for dressing the lacerated soft parts. We need scarcely say that the inside of the box should be padded to suit the requirements of the case.

We have thus rudely described a modification of an almost obsolete fracture box, which, with its appendages, adhesive strips, bandages, etc., seem to combine all the essentials of a good fracture apparatus—at once simple, cheap and efficient. The injured limb rests on a smooth, firm, extended plane; precisely where it should lie when fractured. The side-pieces have all the advantages of ordinary splints without their constant tendency to displacement. The box, as modified, together with the fracture bed described in the August number of this Journal, page 307, can be made in a few hours, by any ordinary mechanic, at the cost of a few shillings.

Apply the adhesive bands as directed by Dr. GILBERT; place the box on the fracture bed; lay the limb into it and adjust the whole apparatus carefully, applying *merely sufficient* extension to retain the fractured extremities nicely in apposition—a thing by no means difficult, if the muscles, during the first few days are not outrageously irritated by repeated officious efforts to "pull the limb into shape"—and, we shall be greatly mistaken if the limb in due time, does not come out of the box of the right length and form.

FRACTURE OF BOTH CLAVICLES.

Dr. A. METZ, of Massilon, O., reports for the *Ohio Medical and Surgical Journal*, a case of fracture of both clavicles—certainly a rare accident, and for the remedying of which we are not aware that European Surgery has any reliable apparatus. Speaking of the case, Dr. METZ remarks: "Never having given the management of such an unexpected contingency a thought, I was taken by surprise by the complete inapplicability of all the fixtures I had been in the habit of using for fractures of the clavicle. Fox's excellent apparatus I found useless—or at least quite inconvenient, *for want of a point of attachment for the tapes.* * * * I then applied to my friend Dr. F. T. HUXTHAL for a

pattern of his *yoke*, with which he has quite successfully treated fractures of the clavicle. I believe he is the originator of it. I had the yoke project a few inches beyond the shoulders with holes in the ends for attaching tapes. I used the elbow-pokes and axillary pads of Fox and the yoke presented excellent points of attachment for the tapes. The cure was completed with but little trouble and no deformity."

NASAL POLYPUS CURED BY TINCT MURIATE OF IRON.

Dr. J. H. REEDER, of Lacon, Ill., has an article in the *Chicago Medical Journal* describing the cure of two cases of nasal polypus by the application of diluted muriate tinct. of iron. He injected the tinct. in the first case, to arrest the hemorrhage arising from an unsuccessful effort to extract the polypus by means of the forceps. After the injection a piece of moistened sponge was forced into the nostril "with the view of dilating it." On the following morning the patient—a little girl—informed him "that soon after she arose from her bed the whole mass had escaped from the nostril posteriorly and had been thrown out on the floor a semi-fluid mass." The second person treated was a gentleman, "who has had polypus in both nostrils for more than ten years." In this case the tincture, but slightly diluted, was applied by saturating the sponge of a small probang, and forcing it as far up the nostril as practicable, repeating the operation every alternate day. In about a week both nasal cavities were free from all obstructions."

MODE OF APPLYING ARSENIC TO DESTROY THE NERVE OF A TOOTH.

The editor of the *American Journal of Dental Science*, alluding to the newspaper statement that "Lieut. Stamford was supposed to have lost his life from the effects of arsenic applied to a tooth for the purpose of destroying the nerve," remarks, "If this be true, four times as much arsenic must have been used as is required to destroy the vitality of the pulp of a tooth, and it must have been applied very carelessly." In the use of this agent medicinally, the tenth part of a grain is often administered at a time, and the fortieth or fiftieth part of a grain is sufficient to destroy the nerve of a tooth. After being placed upon the exposed nerve, the cavity in the tooth should be securely filled with softened wax, to prevent the possibility of the escape of the agent into the mouth.

The manner in which we have it prepared for use is, to mix gr. 1 of arsenious acid with the same quantity of sulph. morphia. The two are thoroughly incorporated and then divided into thirty parts. Each of these powders is put into a paper by itself. In applying it to a tooth, a small dossil of raw cotton is moistened in creosote, and then placed on the arsenical powder which it readily absorbs. This done,

the cotton is placed carefully over the exposed pulp, and the cavity sealed in the manner as stated above. It is permitted to remain in the tooth from seven to ten hours; it is then removed, and the pulp completely extirpated to the extremity of the root. In removing the powder, about one-tenth of it remains adhering to the paper, so that not more than the fortieth part of a grain is actually applied to the tooth. This quantity is as effective in the destruction of the vitality of the pulp of a tooth as half a grain would be."

REPLACEMENT OF AN EXTRACTED TOOTH.

We notice in the *Lancet*, that THOS. H. HARDING, an experienced Dentist of London, insists that when a sound tooth is removed it may be immediately returned to the alveolus, with a reasonable prospect that it will resume its vitality!

COMPOUND SYR. OF THE HYPOPHOSPHATES OF IRON, SODA, LIME AND POTASSA IN TYPHOID FEVER.

Prof. J. B. READ, of the Savannah Medical College, reports in the *Savannah Medical Journal*, a severe case of enteric fever, which for thirty days resisted all ordinary treatment, terebinthines included, and during its progress assumed a more alarming form. He says: "On the thirtieth day of his illness his case seemed to be desperate, and I determined, as all the ordinary methods of treatment had failed, to have recourse to some powerful nervous stimulant—to try and excite the torpid nervous system. Some preparation of phosphorus seemed best to suit the indications of the case, and I determined to give the Syrup of Hypophosphites, for it contained not only phosphorus in its most easily assimilated form, but likewise in the iron, lime, soda and potassa, remedies which might be useful in the weakened state of the assimilating organs, recollecting also that STEVENS, in his examination of the blood in this disease, found it wanting in its alkaline constituents. I discontinued all previous treatment and directed 20 drops of the comp. syrup to be given every two hours, with a teaspoonful of brandy in a tablespoonful of iced milk. Visiting the patient after the third dose had been administered, I was agreeably surprised to find his condition improved. There had been no more action from the bowels, the pulse was not so rapid, the skin was warmer and the tongue had a little less of the hard, dry, red appearance, the abdomen was not so much swollen." The dose of the syrup was now increased to 30 drops, and repeated as before, which, with an occasional enema of flaxseed tea, was all the medication required until the patient was restored to health. From the Professor's description we conclude that his patient had all the dangerous

symptoms characteristic of the worst forms of the disease, except hemorrhage of the bowels, which is not alluded to.

ANÆSTHESIA DURING SLEEP.

We notice in the report of proceedings, for September, of the Buffalo Medical Association, published in the October number of the New York monthly, that "Dr. HAMILTON is of the opinion that a person during sleep could not be anæsthetized by chloroform. He recently tried the experiment, placing chloroform to the nostrils of a child. It at once turned away its head; again applying it, the child again turned away; the third trial, the child lifted up its head, pressed away the handkerchief and awoke. This question is important in a medico-legal point. He hopes that experiments will be made, and that others will pursue the inquiry; but is thoroughly convinced the effect can not be produced, unless the person be drugged, or is in an unnatural sleep." Dr. WYCOFF held different views, but most of the members were evidently in a quandary on the subject.

METALLIC WIRE IN THE TREATMENT OF HYDROCELE.

The *Medical and Surgical Reporter*, Philadelphia, says, that this method of treating Hydrocele "is reported upon unfavorably by Dr. GILLESPIE, in the *Medical Times and Gazette*. The results in the cases operated on by him were unsuccessful, or the treatment prolonged and painful.

A New Diuretic.—The same Journal for October 15, states, that "Dr. BYERLY, of Cheshire, Eng., attributes powerful diuretic properties to the *erodium cicutarium* or 'Storks' bill.'" He gives in the *Medical Times and Gazette*, the following directions for its use. "Infuse an ounce of the dried plant (every part of it) in three pints of water, stewing it in an oven until two pints remain. The dose for an adult is four or five fluid ounces, three times a day; probably more may be needed in some cases."

The Storks' bill is indigenous in England where it grows abundantly on sand hills near the coast, but it has been introduced into this country and is to be found on the shores of Oneida lake, in the State of New York."

REMEDY FOR THE BITE OF MAD DOGS

In the absence of all reliable remedies, the following, from the London *Medical Circular*, although originally derived from rather questionable authority may be worth remembering: "A Saxon forester, named GASTELL, now of the venerable age of 82, unwilling to take to the grave

with him a secret of so much importance, has made public in the *Leipzig Journal* the means which he has used for fifty years, and where-with he affirms he has rescued many human beings and cattle from the fearful death of hydrophobia. Take immediately warm vinegar or tepid water, wash the wound clean therewith, and then dry it: then pour upon the wound a few drops of hydrochloric acid, because mineral acids destroy the poison of the saliva.

OVARIAN DISEASE.

Dr. CHANNING, in a somewhat humorous communication, published in the "*Boston Medical and Surgical Journal*," entitled "Never too late to mend," among other reminiscences describes two cases of Ovarian tumor of great size, which yielded to "the external and internal use of iodine, with occasional substitutes of the liquor calcis muriatis, for the internal use of iodine"—or, to time—after treatment "for months or years." The doctor says, "the first noticed effect was the arrest of growth."

ACONITUM NAPELLUS.

Dr. JOHN R. CUSHING, of Alabama, speaking of this article—*Atlanta Medical and Surgical Journal*—not only confirms the views of Dr. AMES respecting the sedative influence of this agent over the heart's action, thereby controlling inflammatory affections, but says, "aconite comes nearer to my notion of being a specific than any other agent I have ever used. * * * Many times it supersedes mercury in its controlling influence over diseased action, when the mercurial is contra-indicated, or the system will not bear it." The therapeutical properties of aconite have been greatly overrated by a class of irregular practitioners. It is probable that it will never be a favorite remedy with the generality of the profession or supersede the veratrum vivide as an arterial sedative,

TETANUS CURED.

Dr. FISHER, resident Surgeon of the N. Y. Hospital, reports the following case for the *New York Medical Press*, "A. B., aged 15, a delicate looking boy, was admitted August 22, with a severe laceration and contusion of the toes of left foot, caused by their being ran over by a car. * * * On the 8th September symptoms of tetanus began to show themselves. The corners of the mouth were drawn up, the jaws firmly closed and the sterno-mastoid muscles rigidly contracted. As soon as these symptoms showed themselves, the attending surgeon (Dr. JOHN WATSON) ordered the patient to be fed with milk punch

and beef tea, in as large quantities as could be taken, also injections of Emulsion Assafœtida $\frac{3}{4}$ ℥ every three hours was ordered, and directions given that the patient be sedulously protected from drafts of air. This treatment Dr. WATSON prescribes with much confidence in its good results, as he has had large experience in treating this fearful malady. * * * The remedies were persevered in, the injections being given as directed, day and night, till October 4. Patient could now set up in bed and enjoyed good health."

In the June number of the *Peninsular and Independent* will be found an abstract of an interesting case of Tetanus treated by Atropia—we say treated, because, although the patient recovered, we believe that Dr. WATSON, and all other physicians, intelligent on this subject, agree in the opinion that Tetanus can not be cured in the ordinary sense of the term. The disease either destroys its victim, or, in time, literally "wears itself out." If we can keep the patient alive by the administration of stimulants and anti-spasmodics until the violence of the malady has subsided, we shall accomplish all that our art is capable of effecting. In this view all treatment must be regarded as palliative.

DEATH FROM CHLOROFORM.

Our object is not to add another name to the list of victims who have suddenly died in consequence of inhaling chloroform. But to call attention to the fact that these melancholy announcements are of startling frequency, and admonish the prudent practitioner to inquire whether ether can not be generally substituted to produce anæsthesia in place of an agent that has frequently extinguished life, when a few minutes before the sad occurrence, not the slightest danger was apprehended.

It is in vain to repeat the more than "thrice told tale," that most of the numerous recorded and unrecorded instances of "Death from Chloroform," were produced by ignorance or carelessness. This agent has destroyed life at times when its administration has been sedulously watched by the most experienced and intelligent operators.

We believe that a majority of the Surgeons of the United States prefer ether on account of its superior safety, but many still use chloroform in cases where ether would answer their purpose equally as well and be far less hazardous to their patients.

The Editors of the Boston Medical and Surgical Journal, in the September 15 No., advance the opinion that Chloroform "is unsafe in the most careful and most experienced hands;" also, that "the merits of ether in preference to Chloroform as an anæsthetic agent, are slowly gaining ground in the estimation of the medical public, and the time will surely come when the latter drug will be almost wholly abandoned." The same journal publishes a translation of an

article from the *Gazette Medicale*, of Lyons—the second largest city of France—containing a discussion before the Imperial Society of Lyons, of the following propositions, which, after full and free discussion, were unanimously adopted, as the deliberate conclusion of the Society.

The Imperial Society of the city of Lyons, is of the opinion:

That ether employed to produce anæsthesia in surgery, is less dangerous than Chloroform:

That anæsthesia is obtained as constantly and as completely by ether as by Chloroform:

That if ether presents the inconveniences, which Chloroform offers to a less degree, these inconveniences are of slight importance, and do not compensate for the danger inherent to the employment of the latter:

That, consequently, ether ought, in general, to be preferred to Chloroform.

TREATMENT OF SPINA BIFIDA BY INJECTIONS OF IODINE.

We can scarcely imagine more unpromising subjects, for hopeful medical or surgical treatment, than the victims of Spina Bifida which have fallen under our observation during a somewhat active practice of more than thirty years. Having but little confidence in the remedies usually proposed for the removal of this strange malady, we merely allude to the subject in order to inform our readers that in the September number of the *Chicago Medical Journal*, Prof. BRAINARD reports the cure of five out of seven cases of Spina Bifida, by means of iodine injections. Five of these were operated on by himself, and two by Dr. CRAWFORD, under his direction. Two of the cases described as follows, by Dr. BRAINARD,¹ will serve to illustrate his practice:

CASE I.—“The subject was a girl thirteen years of age. The tumor, situated at the top of the sacrum, was nine inches in circumference and three inches in height. Its surface, and the skin adjoining, presented numerous cicatrices, marks apparently of former ulcerations. The child was partially paralytic in the lower extremities, idiotic, and passed the urine and fœces involuntarily. The head was small and the bones perfectly formed.

The first injection was performed on the 2nd December, 1847. A puncture was made with the point of the lancet, half an inch distant from the point of the base of the tumor, and a small-sized exploring trochar carried thence into the sac. Through the canula, a solution of half a grain of iodine, with one grain of iodide of potassium, in one ounce of distilled water, was injected. The canula was immediately withdrawn, and a compress and bandage applied so as to prevent the escape of the liquid.

The injection produced a sharp pain which soon subsided. Redness, heat, and tenderness of the tumor followed, for which a cathartic was administered, and evaporating lotions applied to the part. Compression was

resorted to as the heat and tension subsided, and, December 27th, the tumor was about half its former size.

At this time, a second injection was resorted to, of half the strength of the first. This produced little inflammation. The compression was continued. January 15, 1848, the fluid was so far absorbed as to render it easy to press most of it within the spine, and a common spring truss for hernia was applied, the pad upon the opening.

The case then passed from under my observation, but fell under the care of Dr. Huber, who had at that time charge of the county poor at Chicago. The following is his account of the case and his treatment:

"I injected the tumor thirteen times, viz.: May 3, 10, 20, June 15, 22, July 14, August 10, 15, 25, September 5, 10, 20, and October 20, 1848. The injection for the first four times was of the strength of four grains of iodine and sixteen grains of iodide of potassium to the ounce of distilled water, beginning with one and a-half, and increasing to three ounces at the fourth injection.

"The sac was then much contracted, and I therefore doubled the strength of the solution, and injected but half an ounce. After the first two operations, the child had some slight febrile symptoms, but not since. I consider the cure complete. She has improved in the use of her lower extremities, being now able to walk across the room."

Two years after the operation the child remained cured, and much improved in every respect."

"CASE II.—This case occurred to me, April 12, 1849. The tumor was of the size of a closed fist, and had been ruptured during labor.

By the application of artificial heat, the first ill effects of the rupture were dissipated. A reddish serum was discharged from the sac and canal, which, on the 17th, became copious and offensive. Injected a solution of iodine, 4 grains, iodide of potassium 12 grains to the ounce of distilled water. The solution escaped as fast as injected.

30th. Repeated injection; discharge purulent.

May 2d. Injected with solution of sulphate of copper, and applied compression over the opening. The sac was contracted down to a hard tubercle, with a small opening in the centre.

The injection was repeated on the 4th and 6th, and the child seemed well in every respect.

May 12th. Opening quite closed; head noticed to be enlarging; bones separated. This continued till June 1, when the child died in a paroxysm of convulsion.

This case resulted fatally from closing the fistulous opening in the skin too soon, but it illustrates in a striking manner, the beneficial effect of injections into the spinal canal, and the little danger to be apprehended from their use. The child lived over six weeks.

I was not aware, at the time, of the danger of making compression over such an opening, but held, in common with the whole profession, the erroneous opinion, that the danger in cases of inflammation of the meninges of the cord and brain was greatest when an opening existed.

This is an error which has recently been pointed out by Dr. Thompson, of Columbus, Ohio. Far from closing such an opening, the sac should be punctured if acute inflammation results from treatment, and the liquid drawn off."

As Dr. BRAINARD's successful cases date back several years, it would be interesting to know the present physical and intellectual state of the subjects thus rescued, apparently, from a most pitiable condition.

RECTAL ALIMENTATION QUESTIONED.

The leading article in the *American Journal of Insanity* for July, is an able essay on the subject of "*Sitomania*," which was read before the American Association of Medical Superintendents of American Institutions for the Insane. The writer had been appointed, by the President of the Association, to prepare a paper on "the various compulsory methods of administering food." Without attempting to condense the topics embraced in the entire range of this elaborate paper, we shall merely give the conclusion of the author on two points of important practical utility.

The first relates to the best mode of conveying nutriment into the stomach of an insane person, who obstinately persists in refusing food.

The second embodies the author's views on the vexed subject of Rectal Alimentation. In regard to the first point, after describing the instruments invented to aid in accomplishing the process of forced Alimentation, D. CHIPLEY concludes as follows:

"Of all these instruments, I do not hesitate to give the preference to the wooden spoon, or to the simple process of projecting the food deep in the pharynx, while the dental arches are held apart by means of a wooden wedge, without sharp edges, pressed somewhat upon the tongue. Without entering upon any elaborate defense of this method, I may say that, while it is more easily accomplished than most others, it is free from danger, occupies less time, and, I am yet to be convinced, that it may not be practiced in any case requiring a resort to force. But it is a method requiring tact, to be acquired only by experience. This tact is acquired by some person with wonderful facility, and they will succeed where scores of very clever practitioners would utterly fail."

His conclusions on the second point, are contained in the subjoined extract:

Nutritive injections, as they are termed, have been proposed to meet the exigences of certain cases. I know that this process is approved by high authority, and I know not where to find authority of equal weight for the opinion I entertain; but my conviction is so thorough that I shall not hesitate to avow it. I do not believe that one particle of real nourishment can enter the system in an available form through the rectum. And I think it is hazardous to entertain a different opinion. In many cases it is so much easier to throw fluids into the rectum than into the stomach, that we may be induced to rely on this method until it is too late to save the patient by any other means. This, then, is a practical question, and one of great importance. The view we take of it may involve even life itself.

No one will contend that this process finds any support in theory constructed in the light of modern physiological science. How can the rectum convert any species of aliment into chyle? And where are the lacteals to introduce it if it really existed? The idea of rectal alimentation, ignores

the wisdom which has constructed a complicated set of organs, the concurrent action of which is absolutely necessary to such an elaboration of food as is required to fit it to become incorporated with the body, and thus to sustain its vitality. Follow the food from the time it enters the stomach until it is in part poured into the circulation to supply the wastes of the system, and at every step you will find changes, no one of which can possibly take place in the rectum. Is there any reason to suppose that the changes wrought by the action of the gastric and pancreatic juices and bile are not essential to the preparation of food for assimilation, and for the nourishment and support of the body? Where in the rectal region will you find any organ capable of producing that change which is effected in the chyle as it passes through the lacteal glands? How different are the qualities of this fluid when it issues from these glands from those which it presents when it enters them!

I shall be told that poisons are taken up from the rectum and carried into the circulation, and why not nutritious food? I am aware that venous absorption goes on there, and a person may be destroyed by throwing poison into the rectum. But that is a perturbing agent, and requires no change or elaboration to render it capable of producing certain effects. Food requires to undergo material alterations before it is fitted to sustain the body. If it may be taken up from the rectum without change, and nourish the body, why not inject it into the veins at once, and thus effect directly what we seek to do through the rectum?

There are no lacteals provided to perform the important function of absorbing nutritive matters from the lower bowels. It cannot be that the lymphatics fulfill this office, as is readily demonstrated by a comparative analysis of the contents of the two sets of vessels. The fluid contained in the lymphatic, is composed of a much larger proportion of water than that in the lacteals, while the proportion of albumen, fibrin, and especially fatty matter predominate in the latter. This material difference in the constitution of lymph and chyle is fatal to the idea of its affording any support to the body. Although the function of the lymphatics is not definitely determined, it is certain that they form no channels for conveying new material to the system.

"The corpuscles of the chyle are the same as those of the lymph. In addition, however, we have in most instances the *molecular b.*, which is present in the lacteals from the very commencement, even from the *villi* of the intestines. It seems to consist of almost infinitely small particles of oleaginous or fatty matter, thrown into this form by contact with the pancreatic secretion, as so well proved by Bernard." But in the rectum we have no pancreatic juice to perform this important office, and we know of no substitute for it.

But the main support of the idea of rectal alimentation, is to be found in the reports of cases said to have been sustained for considerable periods of time by this means alone. But these cases prove nothing, unless it can be shown that man is incapable of living for a like period in the absence of this or any source of nourishment. Now, if we can show that persons have survived longer periods of abstinence without these injections, then the conclusion attempted to be drawn from these cases is absolutely unauthorized.

How long it is possible for man to survive without food is an unsolved problem. We have a general approximative rule, but numerous remarkable exceptions are scattered in the records of medicine. I might appeal to that wonderful case related by Hildanus, of sixteen years abstinence from food, or that reported by Prof. Ricci, of Turin, covering a period of two years and a half, and many others of a similar character, but I will not, al-

though of the last case I might speak with some confidence, as the bowels showed at the *post-mortem* a condition that precluded the possibility of anything passing through them. But I set these remarkable cases aside for others that cannot be questioned, and they will show as great endurance without nutritive injections as can be found with them.

I have quoted from Dr. Burrows a case of forty-five days' abstinence, and the patient recovered. Dr. Currie, on the authority of Ramazzini, gives an account of a man who abstained from food sixty-four days, and ultimately recovered. A prisoner at Toulouse perished of inanition on the sixty-third day. Many are reported on undoubted authority, to have fasted forty, fifty, and sixty days. Now, if in these cases rectal feeding had been practised, they would have been, it is probable, published as indubitable evidence of the practicability of nourishing the system through the rectum. I do not doubt the cases reported by Guislain, as sustained for two or three months by rectal alimentation, would have lived just two or three months without such aid.

ANÆSTHESIA BY CHLOROFORM.

The immunity from pain is a privilege so precious, that life itself is sometimes thought hardly too great a stake to play when enduring agony is risked on the other side. But it can never be the duty of the surgeon to endanger life for any other prospective gain to his patient; this must always be the highest consideration for him, and all else is lessened by comparison with its all importance. If, then, it can be shown that the danger to life, from the use of chloroform, exceeds the saving of life which it can effect; if it can be shown that so many lives have been sacrificed by the employment of this anæsthetic, while there has been no corresponding gain in decreased mortality after operations arising from the earlier application of surgical procedure, due to a diminished repugnance to submit to such treatment, from the increased security and perfection which deliberation and immobility have brought to our modern operations, from the lessened shock, from the abstraction of pain, from the absence of the agonized anticipation, that broke the mental power and destroyed tranquility; if it could not be shown that from all these causes chloroform has been successful in diminishing mortality to a larger extent than it has caused deaths, then we think that surgeons would not be justified in recommending its inhalation to their patients. But we believe that the evidence on this score is sufficiently strong to justify operators in thus mercifully annihilating the agony, and with it, the terrors of the knife. It is to this end that the controversy has tended, which has been so ably supported by Mr. T. HOLMES and Dr. FENWICK against Dr. ARNOTT; and that this conviction is entertained by all those best qualified, by their great experience, to judge, is best shown by the daily practice of hospital surgeons. There remains the great problem for study—how best to avert the danger which attends the inhalation of chloroform. We have repeatedly urged, in these columns, the duty of taking such precautions as the latest results of the experience of practised chloroformists can suggest. We have especially urged the importance of carefully regulating the proportion of chloroform to that of atmospheric air inhaled; and this not by any rule of thumb, such as the approximation or removal of a cloth damped with chloroform, but by the most accurate instrument which mechanical skill can supply. Other precautions are—the regulation of the quantity (one drachm at a time), the prescription of slight preliminary abstinence, and so forth. We need not repeat these rules; they have been more than once laid down in these

columns. They are followed and approved by those most accustomed to the administration of chloroform. They were indorsed by Mr. POTTER, the chloroformist of St. George's Hospital. They received last week the indorsement of Dr. ANSTIE, of King's College Hospital, who emphatically repeated our cautions almost *tot idem verbis*, as borne out by his own experience. They accord with the opinions of Dr. RICHARDSON, the friend and biographer of the late Dr. SNOW; and we are glad to find that they receive the support of Dr. MARTIN, of St. Bartholomew's Hospital. In a Cambridge thesis on this subject, Dr. MARTIN reviews the dangers attendant upon the inhalation of chloroform. He considers them to arise from the influence of chloroform upon the medulla oblongata and sympathetic system, from "peculiar susceptibility" of the vital organs and nervous centres, and perhaps sometimes from shock. The latter cause may fairly be expunged, since it is, in a greater degree, characteristic of operations performed without anaesthesia. There remains a theory which is more comprehensive than satisfactory, and is, perhaps, rather an apology than an explanation. Be this as it may, Dr. MARTIN concurs in the opinion that "the best guarantee of safety is to be obtained by such cautious administration of the chloroform as may prevent the air and the blood in the lungs from being surcharged with the vapour, and by a jealous watching of the patient while he is being subjected to its influence." We trust that this accumulation of authorities will make surgeons more than ever loth to have recourse to the use of so loose and irregular a proceeding as the administration of chloroform on a handkerchief or napkin, or in any other way than through the most scientifically devised inhaler.

[*Lancet*, July 20, 1859.]

TREATMENT OF NERVOUS HEADACHE BY THE HYDROCHLORATE OF AMMONIA.—By Dr. A. BARRALIER.

The author recommends the hydrochlorate of ammonia as the best therapeutic agent in cases of nervous headache, and especially in idiopathic cephalalgia and migraine. For upwards of three years he has employed it with success 202 times out of 259. The salt is administered in the form of potion: distilled or mint water, 60 grammes; hydrochlorate of ammonia, 3 grammes; syrup of orange peel, 25 grammes; taken in three doses at half an hour's interval. These doses do not produce any evident physiological effects in the healthy condition; but, when administered during a paroxysm of nervous cephalalgia, their effect is manifested with great promptitude. Generally, after the first dose, the pain abates and the pulse rises, and a gentle perspiration relieves the dryness of the skin. The influence on the circulation is so great that the pulsations, which were under 50 during the paroxysm, rise above 70 after the first dose. The headache, which is calmed by the first dose, diminishes and entirely disappears during the second and third. An important circumstance is, that the sal-ammoniac does not develop its curative action except when the pain is at its height; at the commencement of an attack, the potion has only a slight effect, but when the sufferings of the patient are very intense, the medicine acts with wonderful promptitude. Besides the temporary relief, it was observed that, in cases of headache returning in periodical paroxysm several times a month, the intervals gradually became longer, the attacks diminished in intensity, and ended by disappearing completely after having been several times arrested by the ammoniacal potion. To obtain success, however, it must be administered in certain cases, and according to precise indications. The results of the author's observations are that the potion of hydrochlorate of ammonia has almost constantly dispelled attacks idiopathic

hemicrania or migraine, and of migraine succeeding menstruation more abundant than usual. It has no effect in relieving attacks of hemicrania depending on irregular or suppressed menstruation; it has given pretty good results in cranial pains, depending on functional disorder of the stomach, and in accidental nervous cephalalgia; and it has been successful in relieving headaches consequent on repeated attacks of intermittent fever, those occurring in the decline of low fevers, and in the period of irritation in typhus.

[*Bulletin Gen. de Therapeutique and Va. Med. Jour.*

THE MICROSCOPE BEFORE THE ANATOMICAL SOCIETY OF PARIS.

Dr. GALLARD, secretary to the society, has, in his report upon the transactions of the society for 1858, examined the promises held out by the microscope. He finds that hardly any have been fulfilled, especially as regards the cancer-cell. Mr. GALLARD does not concede that heteromorphous matter ever exists in the human frame, and does not believe that tubercular or cancerous deposits are substances differing entirely from normal tissues. He lays particular stress, whilst passing in review the pathological preparations which were brought before the society in the course of the year, on twenty-six cases of cancer, upon only six of which the cancer-cell was found. He sarcastically alludes to the fact that microscopists have gradually receded from the cell to the nucleus, and from the nucleus to the nucleolus, driven, as they were, by the difficulty of finding any characteristic element in morbid textures. The author concludes that, in the present state of anatomy, and especially histology, no criterion exists by which to distinguish malignant from non-malignant tumors.

[*Med. and Surg. Rep.*

Pharmaceutical Department.

INDIAN MEDICINE.

We copy with pleasure the following abstract from a letter of Dr. GEO. B. WILSON, of Port Huron, written while on Lake Superior, to the Port Huron *Press*:

When day-light broke, after we left Marquette, there was nothing to be observed in the character of the scenery more than we had seen on our way from Grand Island, and the weather being somewhat disagreeable, we remained, the greater part of the time, within doors. We had for a fellow passenger the Rev. Mr. Shaw, whose acquaintance we had made in Marquette. He was the Methodist Missionary to the Indians at L'Anse, (pronounced Lonce) a village on a bay of the same name, which is an extension of Keweenaw Bay. Having seen in the papers that the United States agent who distributed the presents to the Indians at L'Anse, this year, had failed in his attempt to draw from the Indians any information with regard to the medicinal properties of plants — they regarding his questions as an attempt to rob them of their religion. I thought this opportunity a good one for informing myself on such subjects, and accordingly devoted my time to Mr. Shaw and an Indian aboard, who could speak English quite freely. Mr. Shaw was quite communicative, and having succeeded in converting some of their "Medicine Men," he had in his possession some three or four of their medicine bags or talismans, which they use much in the cure of disease. From him I received much interesting information with regard to the superstitions of the tribe. The Indian on board was not inclined to be communicative at first, but after a time I encountered him in a quiet place all alone, and on making another attempt, I found him tolerably willing to converse. From these two sources I obtained the following account of their system of medical practice: Medicine and theology with them are inseparable, so that a "Medicine Man" is a priest, physician, and philosopher. The common Indians suppose that their Medicine Men are familiar with all the healing virtues of every plant that grows; but it is not likely that they know much more of such things than some of the laity, for they receive little or no tuition from the older priests on any thing like Medical Botany; their admission to the fraternity depending more upon their performance of certain ceremonies, by which they are to have their spiritual qualities more fully developed. When a person desires to become a Medicine Man, his first step is to obtain the consent of the other members of the profession; but that, for several reasons — a prominent one being the avoidance of a superabundance of doctors — is not easily obtained. If he succeeds, however, his next step is to offer sacrifice, and this is done alone in the wilderness. He is to lie and watch his sacrifice until he dreams of some one of several animals, which are named to him by his

teachers. During this watching he must fast also; so that some who attempt the feat fail, by giving way to the cravings of hunger, and others are reported to have starved themselves to death. Having dreamed of one of the designated animals, he is then to obtain the skin of that one, and from it he manufactures his medicine bag. There are other ceremonies to be performed, with regard to which the manner of proceedings is not always the same. This medicine bag is not designed to hold medical plants, but to become the repository of innumerable odds and ends, of perhaps a thousand different things, which are supposed to have a magic influence over disease, and not only disease, but over men and things in general. These talismanic objects are different in different bags, and depend in great measure upon the conjectures of the individual Medicine Man, although there are some few things which they appear to regard as necessary to form a nucleus. I forgot to mention some of the animals from whose skins medicine bags are made. They are generally, quadrupeds: as the bear, beaver, otter, &c. Their contents, as stated, are various; as a boar's tooth, the tip of a deer's ear, the claw of a beaver, certain parts of a sturgeon, pieces of the entrails or viscera of various animals, a crooked nail, pieces of copper, and other metals, various kinds of small stones and shells, the claw of a crab, a vertebra of a fish, small bits of wood, fur, &c., from different trees, and quadrupeds; these are enough to mention as illustrations. The filling of the bag may not be completed for years, for the Medicine Man fills it by adding to it during his whole life — there being but a few things in it when he first sets out in practice. The conferring of his degree of Medicine Man, is of course accompanied with what they consider imposing ceremonies. Their manner of treating a diseased patient is generally, first to give him infusions of powders of such medicinal plants as they think will be beneficial. If these do not effect a cure, the Medicine Man administers more of the same or other kinds, and uses some incantations to assist their operation. One thing indispensable is, that *the Medicine Man shall eat during the whole or the greater part of the time that the patient is being medicated*. For this purpose the patient is obliged to furnish whatever the doctor wants to eat, or asks for; and in doing this, the patient frequently gives away all the little property he has got, to obtain the edibles which the Medicine Man will call for.

Occasionally, in severe cases, a consultation of Medicine Men is necessary, and, after examining the patient, and ascertaining that the more ordinary modes of treatment have proved unavailing, they may decide on subjecting him to a psychological course of treatment. In other words, to cure him by their united powers of conjuration. For this purpose they form a ring and place him in its centre. They then walk around the circumference of the ring, and using certain incantations, they point their medicine bags at him, and after a time, perhaps — effect a cure. You may smile at the thought of a cure being thus wrought, but it is not the less true, that, by their magic, they sometimes produce wonderful effects; thus, by merely pointing their medicine bags at a patient standing in the ring, they can render a limb powerless, or perhaps make him fall as if shot. The immediate cause is, of course, his own imagination. But as that cause would not have been so excited without their performances, it is only common justice to regard them as the producers of the cure, when it results as it sometimes does. As an instance, however, of what may be generally expected of them in any disease of an obscure character, I will relate an incident communicated by Mr. Shaw. His interpreter, a converted Indian, was taken rather suddenly with a pain in his thigh, and consequent lameness, although no cause could be assigned for the disease, and no lesion could be discovered by the eye. Mr. Shaw supposed it to be some kind of

rheumatic affection, and advised him to use such things as he thought beneficial, but without the desired effect. Other means were employed, and weeks passed on without amendment, though his health continued good. After some time he conjectured that he was bewitched, and he clandestinely applied to a Medicine Man. The latter took his magic diagnosticator, (which was nothing more than some kind of stone) and after looking through it, he gravely told the patient that he saw two large worms and a stone in his limb. This confirmed the patient in his belief of the skill of the doctor, and he engaged him to get the foreign bodies out. After a long course of medication and conjuration, the doctor could only extract one of the worms, and the patient being but little better, he despaired, and demanded counsel. Two other Medicine Men were accordingly called in, and after proper deliberation, the oldest and largest took the stone, and looking through it, examined the diseased limb. Horror of horrors! He discovered the remaining worm, *two* stones, and a good sized piece of iron! No wonder the poor fellow was lame. Each of the other sages in turn examined the limb, and of course they would not acknowledge blindness; so each confirmed the statement of the "big man."

Then came the grave question — the probabilities of cure. The big man, having given such evidence of ability, was the one to decide the point, and on his expressing favorable hopes, the patient was turned over to him.

After a trial of a few weeks, the great Medicine Man succeeded in getting out one of the stones, but the remaining two, with the worm and the piece of iron, resisted all his attempts at extraction. A united attempt by the whole fraternity was therefore resolved upon, but the interference of Mr. Shaw terminated the whole affair.

SACCHARATED LIME FOR USE IN MEDICINE. CONCENTRATED LIME WATER.

Dr. CLELAND has introduced a solution of lime in syrup for use, in preference to ordinary lime water, in medicine. He prepares it as follows: Slake 8 oz. of quick lime, rub up with it 5 oz. of white sugar, add 1 pint of water, stir for some time till the hard stiff masses which the sugar and lime are apt to run into are as much as possible dissolved; then filter. The product should be perfectly clear, and of only a slightly yellowish tint. A solution made in this way will contain 18 grains of lime in every ounce, by weight, and altogether about 106 grains of solid matter to the ounce. Taken undiluted a few drops are sufficient to roughen the tongue. When diluted, the taste is at first an acrid one of lime; but this is immediately replaced by a sweet taste in the back of the mouth, admitted to be pleasant. Made as just recommended, the solution is not liable to decomposition unless it is exposed to the air. By employing a smaller proportion of water to lime, a still stronger solution may be obtained, but not with any practical advantage, as there is increased difficulty of filtration and greater tendency to decomposition. The strongest solutions are scarcely, if at all, affected by boiling, but if diluted, a copious precipitation takes place on application of heat. This, however, will not serve as a test of strength, as addition of sugar in sufficient quantity will make any solution, of whatever strength, remain clear on ebullition. This preparation may be given in doses of from 20 or 30 to 60 minims or more, in a glass of water, two or three times a day.

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ART. XXXVI.—Operations for the Permanent Cure of Reducible Hernia.

BY D. M. TYLER, M. D.

Presuming that all are familiar with those operations described in the Transactions of the American Medical Association for the year 1852, I shall say nothing of them; but shall limit my remarks to the description of such as have, since that date, been devised; GERDY'S and VELPEAU'S methods alone being exceptions.

All operations for the radical cure of reducible hernia, involve but a single principle, their object being, the occlusion of the hernial sac, through the agency of inflammatory action. Castration; dilatation; ligature; acupuncture; cauterization; invagination; incision; excision; organic plugging, drawing into the canal a bag of gold-beaters' skin, or shreds of gelatine; injection; perforation of the sac with pins, or of the canal with needles, suture, &c., these constitute mainly, the operations and devices for the radical cure of hernia.

The principal operative methods in use for eighteen hundred years, were, sutures, incisions, ligatures, and castration. Surgery of a more modern date, however, has devised several new methods for the accomplishment of this cure, most of which are efficient, though unfortunately no one of them is entirely unattended with hazard to the patient. A brief history of these operations may not be without its element of interest.

Dr. Armsby's Method.—In the Transactions of the Medical Society of the State of New York for the year 1858, is the engraving of an instrument, the invention of Dr. ARMSBY of Albany, New York, for the radical cure of inguinal hernia. The object of the instrument is, to carry a seton, or single thread, through the hernial sac and inguinal canal, for the purpose of exciting inflammation, adhesion, and occlusion of the sac and inguinal canal, up to the internal abdominal ring. The instrument consists in a curved canula, at one extremity of which, is the handle, the other being closed. Within this sheath is a needle, which is also curved and attached to a slide moved by the thumb, which causes it to protrude, or to retract, through a small opening near the extremity of this curved tube or canula. Near the point of the needle is the eye for receiving the thread. After reducing the hernia, the instrument is passed into the canal, carrying the skin of the scrotum and sac before it, as far as it will go with ease. The needle is now made to perforate the soft parts opposite the internal abdominal ring, and, when threaded, and the instrument withdrawn, the thread occupies the entire sac and canal, one end coming out through the skin, above and in front of the internal ring, and the other at the lower part of the scrotum. Inflammation soon follows, increased, if necessary, by moving the thread from time to time.

The seton is allowed to remain from eight to twelve days. A truss now supports the parts until the adhesions are firm.

Bonnet's Method.—BONNET, of Lyons, obliterates the sac by means of pins passed through its walls. The hernia being reduced, the parts at the root of the scrotum are pinched up, so as to raise the spermatic cord between the finger and thumb, and a pin, previously passed through a small piece of cork, is thrust through them, and beneath the cord. The point of the pin is then pushed through another piece of cork, and bent over it, thus firmly compressing all the intervening parts between the two bits of cork. A second pin is, in the same way, inserted above the cord. After three or four days, inflammation takes place, and, between the sixth and twelfth days, the pins are removed, entire obliteration of the sac being effected in about one month.

Dr. Rigg's Method.—An instrument, invented by Dr. RIGG'S, of New York City, for the introduction of a tent, or seton, into the inguinal canal, is figured, and the operation described in the *New York Journal of Medicine* for March, 1858. In its general appearance, it bears some resemblance to the ordinary trocar, except in its curvilinear figure, and the bulbous extremity of the canula. The canula is about five inches in length and open at both extremities, at one of which, is the bulb, and at the other, a flattened, serrated piece, serving as a handle to facilitate its introduction. The needle, or stylet, is about two inches longer than the canula, one end being ring-shaped, the other pointed, containing the eye for receiving the thread of the tent. The steps in the operation are thus described:

“Before proceeding in the operation itself, the sur-

geon will, of course, provide himself with whatever substance is to be drawn into the canal, whether this consist of a small skein of silk, or, of compressed sponge, the latter, in our estimation, being entitled to the preference.

The patient, placed upon his back, with his hips somewhat elevated, the surgeon, standing or sitting at the right side of the patient, after reducing the hernia, places the index finger of the left hand upon the integuments of the scrotum, anteriorly, and at a point not higher than the juncture of the lower with the middle third of the pouch. Sufficient pressure being now made with the finger to catch and hold, upon its end, the tegumentary tissues of the scrotum, these are to be carried upon the end of the finger, upward, over the testis and arch of the pubes, until, immediately above the bone, the abdominal ring is easily found, and into which, the end of the finger readily becomes fixed, where, as a guide to the instrument, it is to remain stationary, until the bulbous extremity of the canula is made to take its place, *fairly and securely within the external ring*. The instrument, in the right hand of the operator, and held at the serrated portion of its handle, between the thumb and fingers, something after the manner of holding a pen, is passed into the pouch of the invaginated scrotum, and made to glide along and upon the back of the finger to its destination within the ring. The finger may then be withdrawn, and the left hand being now liberated, the thumb of this hand may be placed at a point opposite the internal ring, where, by pressure, all danger from any tendency there may be to partial protrusion of the intestine through the internal ring, can be effectually obviated, while, at the same time, the pressure exerted at this point, tends materially to facilitate the passage of the instrument through the tissues. The instrument is now carried for-

ward until the bulb approaches as near as practicable to the internal ring, when the handle is depressed upon the pubes, which serves to elevate its bulbous extremity, causing a prominence on the surface, and indicating both to the touch and to the eye, the exact point of its exit through the integuments. The operator now places the index finger of the right hand through the ring of the stylet, and, with a single movement of the finger thus placed, pierces all the tissues involved in the operation, and brings the point and eye of the instrument into view upon the surface opposite the internal abdominal ring.

The surgeon, or his assistant, now arms the stylet by passing through its eye, for an inch or more, the free ends of a slender cord, or tractor, previously passed through the silk, or sponge; when, by a single reversed or backward movement of the finger, which is still in the ring of the stylet, the instrument is entirely disengaged and freed from the tissues, being still, however, concealed from view within the pouch of the invaginated integuments. The entire removal now of the instrument, leaves the free ends of the tractor passing through the puncture in the scrotum, and hanging loose below. These are now seized, and by the necessary traction, the foreign body is drawn from above into the passage, to the distance of two or more inches, and leaving its upper extremity protruding from the puncture above; when, dropping from his grasp, one of the ends of the cord, the surgeon, by means of the other end, draws it entirely out, and thus completes this bloodless, and comparatively painless procedure." The water dressing, with equable and uniform pressure, constitute the after-treatment.

Gurdy's Method. — GURDY'S method consists in obliterating the opening by means of a plug from the skin covering the hernia. This is fastened in its new position by

points of suture, the instrument used, having some resemblance to that invented by Dr. ARMSBY. After forcing up the skin of the scrotum through the external ring into the inguinal canal, with the left fore-finger, the surgeon takes in his right hand his needle-holder, and slides it along the finger which is thus forcing the skin into the canal. When the extremity of the needle-holder is carried to the bottom of the cul-de-sac, it is, by a lever-like motion, made to cause the skin of the abdomen to project; now, pushing the slide, the operator forces out the needle, which pierces the cul-de-sac, and also the anterior wall of the inguinal canal, coming out externally and in front. An assistant secures one of the loops of the double ligature contained in the eye of the needle, and the needle-holder, still being retained in the cul-de-sac, the needle is drawn back into it, and again thrust through the soft parts in a different direction, being brought out at a point below the first. The remaining end of the loop of thread is now detached, and the instrument withdrawn. The whole is made fast, by tying the ends of the ligatures over two pieces of gumelastic catheter. Obliteration of the *cul-de-sac* may be effected by means of spirits of ammonia introduced into it, followed by pressure. A simple dressing being applied, the patient is kept in bed for two or three weeks. This plan is applicable to inguinal hernia alone.

Wutzer's Method.—The September number of the London *Lancet*, for the year 1854, contains the following description of an instrument, the invention of WUTZER, of Bonn, and its *modus operandi*:

“It consists of a wooden cylinder, a needle passing through it, an outer wooden case, and a screw to bind the case and cylinder together. After pushing a part of the skin of the scrotum before the fore-finger, the cylinder

takes the place of the finger, the needle is passed through it (i. e. through the sac and integuments) and serves, with the screw, to fix and bind the cover and cylinder together, so that the invaginated skin, the walls of the sac, and the abdominal integuments are pressed together with any degree of force that may appear safe and advisable. The instrument is left *in situ* from six to eight days, with the effect of producing adhesion of the whole of the sac, a firm, organized plug, filling the inguinal canal. The patient is confined to a sofa until the needle puncture is healed, and wears a truss for three months afterwards, to avoid the danger of the breaking up of new adhesions."

A similar account of the instrument may be found in Erichsens' Surgery :

Velpeau's Method.—The plan of VELPEAU is, to pass a flat piece of wood into the inguinal canal from the scrotum, a portion of which is carried into the canal upon the end of the wood. An instrument resembling a large double-edged needle, is introduced into the canal upon the wood, and with it, the sac is lacerated, by changing the point of the instrument by a sort of twirling motion, until the entire canal has been touched, and slightly lacerated. The patient is kept on his back for a few weeks, and pressure applied to the part.

Dr. Cooper's Method.—Dr. E. S. COOPER, of California, combines the operations of VELPEAU and GERDY, except, that he excludes the Liquor Ammonia and the extensive manipulation with the needle, which, he deems, are sources of undue inflammation and danger. He also applies a thick coating of collodion over the ensheathing of the scrotum and external ring. After the first coating becomes dry, he re-applies the collodion every hour or

two, except at night, for thirty-six, or forty-eight hours, or until it produces a deep indentation or cup over the lower part of the inguinal canal and the ensheathing of the scrotum, after which, it is to be applied only two or three times daily. The patient during this time keeps his bed. Dr. COOPER considers the collodion indispensable, deeming it quite impossible to produce the same results by pressure in the common way, that can be secured by the judicious and persevering use of the collodion.

Belma's Method.—This surgeon obliterates the hernial opening by two methods. The first consists in carrying into the sac, by means of a peculiar instrument, a small bag of gold-beaters' skin, which, on being blown up, fills the sac, keeping the hernia reduced, and producing inflammation sufficient to completely obliterate the hernial opening.

In the second plan, which is more easy of execution, threads of gelatine are substituted for the gold-beater's skin; these, after exciting inflammation, are absorbed, and, adhesions following, the cure is completed.

A sailor, while adjusting some item in his vessel's rigging, missed his hold and fell, alighting upon the nates with such violent succussion, as to rupture the abdominal parietes, producing that form of "breach" named and described in the books as "direct inguinal hernia." He appeared at this hospital for treatment of this misfortune. This particular form of hernia, suggested to the mind of Dr. PITCHER the devise which I shall next describe, and which differs in several particulars from any heretofore de-failed. I shall call it

Dr. Pitcher's Operation.—The instrument used, is a large needle, slightly curved, about seven inches in length, and, at the point, somewhat flattened, and double-edged.

This needle is armed with a strong, double silk ligature or thread, at the extremity of which, is attached, a small piece of sponge. The protruding intestine being repositied, the operator invaginates the hernial passage with a cone of scrotal tissue, by means of the left indicator, the cone's apex being lodged in the external abdominal ring, where the finger retains it until the needle, in the right hand, is passed into this pouch of invaginated scrotum, being made to glide along upon the finger to its destination within the ring. When its point is felt at the end of the finger, it is made to penetrate the scrotal cone, and, dipping deep enough to transfix the upper border of the ring, it is made to emerge upon the abdomen. The sponge at the extremity of the ligature is now drawn in, and made to occupy the site of the end of the indicator which is withdrawn, leaving the left hand free to hold it in place, by making traction upon the thread, still attached to the needle. The two strands of the thread are now separated, and another piece of sponge is placed between them, over which, after disengaging them from their attachment to the needle, they are tied. Thus, the scrotal cone and the abdominal tissues are closely compressed between these two bits of sponge, which are not to exceed three-fourths of an inch asunder. Water dressings are applied, and the parts are kept in this position for several days, when, after sufficient inflammatory action has been excited, the thread is cut, and the sponges are removed. Little pain attends the operation. A truss should be worn for three or four months, or, until the new tissues and adhesions have become firm. Dr. BRODIE, of this city, informs me he has made three operations of this kind, the subjects of them, as yet, suffering no relapse.

The report of a single case shall conclude what I have to say on this subject.

On the 6th day of June, 1859, WM. HAWKINS, a col-

ored patient, aged twenty-eight, was admitted into this hospital with what was formerly a congenital, oblique inguinal hernia of the left side. From long continuance, it had grown to become an example of the strait variety; also on one occasion, it had become strangulated, for the relief of which condition, the patient had submitted to an operation by Dr. CASE, of this city. The tumor was large, much distending the scrotum, into which it had descended. On the 22d day of the same month, at the request of Dr. PITCHER, I made the operation last described. The sponges in this case, were removed after remaining in place for four days; water dressings, together with careful attention to the condition of the bowels, and a free use of morphine, as inculcated by Dr. ARMSTRONG, for its antiphlogistic effect, combined with quinine, constituting the after-treatment. The patient remained in the hospital until the 18th day of the following month, when, the adhesion, having become quite firm, he was discharged with instruction to wear a truss for two or three months. When last heard from, the parts were in good condition. The long standing of the difficulty, the large size of the sac, and the complete success of the operation considered, I have thought it proper to report this instance of cure.

MARINE HOSPITAL, Detroit, December, 1859.

ART. XXXVII.—Cathartics in Peritonitis, Etc. — Our Reasons for Refusing to Reply.

By J. A. BROWN, M. D.

THE elaborate article, not entirely without merit, if indeed any merit can be attached to mere words, irrespective of their arrangement, or what they may be made to ex-

press), in the December Number of the *Peninsular and Independent*, with the above title, from the pen of Dr. O. C. GIBBS, (evidently intended, under a different name or pretended change of subjects, to perpetuate the old controversy,) but really nothing more nor less than a *drive*, (not a criticism,) upon our last, and hence almost as irrelevant to the subject named in the caption, (unless it is the etc. part of it), as that "*obstruction*" would be for a treatise on "*intersusception*," or either of these for an essay on "*peritonitis*," in accordance with our pledge, we shall not be expected to answer. We decline for the following reasons :

1. We are not particularly at issue with Dr. G. as we conceive, on the subject of "*Cathartics in Peritonitis*," his whole force, in his last, having been expended in trying to prove what nobody has denied, as is clear by the numerous and irrelevant quotations with which he has encumbered his article, invariably condemning only "*violent drastic purgatives*," or these or any others after repeated and long continued as *antiflogistics*, which all along we, ourselves, have inveighed vehemently against, while on the other hand, in accordance with both the views and practice of every author he has quoted, we have advocated only the discreet, careful use, of mild, unirritating, harmless, aperient agents, in just sufficient quantities (more or less,) to evacuate the bowels freely, (though not frequently nor harshly,) but occasionally, for the purpose of removing irritating, and when absorbed, which is unavoidable except by removal, virulently poisonous accumulations.

2. As Dr. G. makes us say that our fifteen pages (not sixteen) "were aimed to be courteous and gentlemanly," (although they have not been shown to be otherwise,) which language was used in our last, in relation only to our first, or the "criticism," he is sufficiently reckless,

either to say, or to make us say, almost anything else, as is evinced in his new method of quoting us, which, we think, he has the credit of being entirely original in, if in nothing else, and for which he is doubtlessly deserving of a patent, viz. : of stopping in the middle of a sentence, which will effectually pervert any man's sentiment, and make even a penniless apostle allege that he was *rich*, instead of *poor*, by omitting the "little" word *none*, in the following sentence: "*silver and gold have I: (none)*"—precisely equivalent to making us say, as is done: "*That in ordinary peritonitis, WATSON says nothing against the use of cathartics:*" without going on to the comma, or to the end of the sentence, and adding: "*only as antilogistics:*" without which it is a base perversion, and in no sense our teaching; as well as in his statement also, that the former of two quotations we made from his articles, (not of the words, but of the sentiment,) one from the first, the other from the second, contradicting each other, "*was a fabrication,*" and the latter, "*a simple perversion,*" the falsity of which a reference to the articles will at once demonstrate.

3. If Dr. G. has thus far failed to understand us in view of all that we have said, and has not yet learned that, so far from our considering his "*case*" as one of "*obstruction from hardened feces,*" we do not consider it one of obstruction at all; we despair of anything like success, so far as he is concerned, in a future effort.

4. If the Doctor's perceptions fail to distinguish any difference between "*brisk, reliable cathartics,*" used only occasionally, to unload the intestines of their accumulated, and often highly irritating contents; and "*thorough,*" or "*active cathartics,*"—which terms are his, not ours,—and evidently used as synonymous with "*violent,*" "*drastic,*" &c., "*purgatives,*"—the very appellations invariably employed by every author on *ordinary peritonitis* he has

quoted, and which *only* are condemned, especially the repetition of them ; (being "fallible" as they all are, their favoring, as they do the timely use of mild aperients may be a *weakness*, and RAMSBOTHAM, in *puerperal peritonitis* seems to be weak enough to recommend even croton oil,) and considers it no crime in asserting that "we hold the use of the latter to be a part of all good treatment of peritonitis ;" we conceive, either any explanation of the former, or denial of the latter, at least, needless.

5. We are content with the little improvement, we think, we are able to discover in the Dr., as indicated by his last article, especially in the modification of its spirit and tone, not deeming it policy always to undertake to accomplish too much at a time,—hoping, however, that sooner or later, he will come to the knowledge of the truth.

6. The main object of all articles for such a journal, being the edification of its readers, and conceiving that our position, as to when, how far, and what kind of cathartics are applicable in the disease in question, is already sufficiently understood by our readers, if not by Dr. G., anything further on this point we should deem justly censurable.

Will Dr. GIBBS also be good enough to favor the readers of the *Peninsular and Independent*, with his views as to the consequences of distension of the bowels by repeated "*copious enemias*" of "*l'eau chaud*" in peritonitis, or upon the subject of "*copious injections, &c.*" in this disease.

KANKAKEE CITY, Ill.

ART. XXXVIII. — Meteorological Register for Month of November.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date	Barometer.			Thermometr			Hygrometer			Force of Vapor in Inches			Relative Humidity			Winds — Direction and Force.				Rain.	
	7 A.M.	2 P.M.	9 P.M.	7	2	9	7	2	9	7 A.M.	2 P.M.	9 P.M.	7	2	9	7 A.M.	2 P.M.	9 P.M.	BEGAN.	ENDED.	INCHES
1	29.57	29.55	29.58	32.43	37	29.37	34			.126	.142	.165	.69	.51	.71	W.	2 W.	2 W.			
2	29.55	29.60	29.75	36.49	34	32.42	32			.129	.175	.155	.61	.50	.79	W.	2 S.W.	2 S.W.			
3	29.90	29.80	29.75	37.52	37	33.47	34			.136	.257	.165	.61	.66	.71	S.E.	2 E.	2 S.W.			
4	29.70	29.70	29.80	52.72	37	49.64	33			.308	.489	.136	.79	.62	.61	S.W.	3 S.	4 E.			
5	29.98	29.89	29.88	38.65	48	35.57	41			.165	.359	.166	.71	.58	.49	S.E.	1 S.E.	2 S.E.			
6	29.82	29.78	29.75	46.59	45	38.56	38			.125	.409	.138	.40	.81	.45	E.	1 S.E.	2 S.E.			
7	29.70	29.74	29.75	47.58	47	41.55	41			.179	.393	.179	.55	.81	.55	S.E.	2 S.E.	2 S.E.			
8	29.72	29.74	29.72	46.58	47	42.54	42			.215	.365	.195	.69	.75	.59	S.E.	2 E.	2 E.			
9	29.75	29.70	29.58	45.54	46	41.51	41			.205	.335	.192	.68	.80	.61	W.	2 S.W.	2 W.	10.50 a.m.	2.35 p.m.	1.56
10	29.26	29.28	29.37	44.48	34	42.42	31			.241	.189	.139	.83	.56	.71	N.W.	2 W.	3 N.W.			
11	29.54	29.42	29.40	31.38	31	27.35	28			.101	.165	.119	.58	.71	.68	S.E.	2 S.W.	2 W.	11 a.m.	4.30 a.m.	.17
12	29.32	29.35	29.38	33.37	33	30.34	30			.132	.157	.132	.70	.71	.70	S.W.	2 W.	3 S.W.			
13	29.42	29.50	29.57	33.38	31	30.35	28			.132	.165	.119	.70	.71	.68	S.W.	2 W.	3 S.W.			
14	29.64	29.70	29.75	20.29	25	18.27	23			.076	.124	.100	.70	.77	.74	W.	2 W.	3 S.W.			
15	29.75	29.70	29.70	28.34	30	25.32	27			.100	.155	.113	.65	.79	.67	S.E.	2 S.E.	3 E.			
16	29.68	29.65	29.62	40.56	38	34.52	34			.118	.335	.144	.47	.74	.62	E.	2 W.	3 S.E.			
17	29.58	29.60	29.62	50.64	43	47.62	37			.283	.536	.142	.78	.91	.51	W.	3 S.W.	2 W.	10.30 p.m.		
18	29.60	29.64	29.65	51.58	38	44.54	32			.196	.365	.103	.52	.75	.45	S.W.	2 S.W.	2 W.			
19	29.68	29.67	29.68	41.55	31	36.51	28			.147	.321	.119	.56	.74	.68	W.	3 W.	3 N.W.		1.20 p.m.	1.07
20	29.70	29.64	29.60	31.52	36	28.51	32			.119	.361	.129	.68	.93	.61	W.	2 N.W.	2 N.W.			
21	29.52	29.57	29.70	38.50	33	34.46	30			.144	.258	.132	.62	.71	.70	W.	2 S.W.	2 S.E.	2.15 p.m.	10.15 p.m.	.61
22	29.50	29.47	29.50	36.46	35	33.44	31			.149	.262	.128	.70	.84	.62	S.W.	2 W.	2 N.W.			
23	29.70	29.77	29.80	38.39	31	34.46	29			.144	.173	.126	.62	.72	.69	S.	2 W.	3 W.			
24	30.00	29.78	29.50	37.38	31	25.34	28			.112	.144	.119	.76	.62	.68	S.W.	1 S.W.	3 S.W.	9.25 p.m.	10.20 p.m.	.25
25	29.50	29.51	29.50	35.44	38	32.41	36			.142	.218	.186	.69	.75	.81	W.	2 W.	3 S.W.			
26	29.42	29.40	29.51	37.42	31	34.39	29			.157	.199	.126	.71	.74	.69	S.W.	4 S.W.	5 S.W.			
27	29.54	29.56	29.57	33.43	34	31.38	31			.151	.164	.139	.80	.58	.71	W.	1 W.	2 W.			
28	29.58	29.56	29.55	28.36	31	26.34	29			.117	.170	.137	.76	.80	.78	S.W.	1 W.	2 S.W.	5.25 p.m.	8 p.m.	.02
29	29.54	29.45	29.52	31.41	34	29.36	31			.137	.174	.139	.78	.56	.71	W.	2 S.E.	2 S.E.	7 p.m.	2.30 p.m.	.62
30	29.50	29.47	29.32	43.52	57	41.47	55			.231	.257	.407	.83	.66	.84	S.E.	2 S.E.	3 E.			

Bibliographical Record.

PATHOLOGICAL AND PRACTICAL OBSERVATIONS ON DISEASES OF THE ALIMENTARY CANAL — ŒSOPHAGUS, STOMACH, CÆCUM, AND INTESTINES. By S. O. HABERSHON, M. D. London. Fellow of the Royal College of Physicians; Assistant Physician to Guy's Hospital, and Lecturer on Materia Medica and Therapeutics, &c. &c. Philadelphia: Blanchard & Lea. 1859.

THE table of contents of this volume of 312 pages, printed in Blanchard's and Lea's usual excellent style, will give a better idea of its scope than any other brief description, and is as follows: *Introduction. On Diseases of Œsophagus; Organic Diseases of Stomach; Functional do. do.; Hæmatemesis; Diseases of Duodenum; Muco-Enteritis and Enteritis; Strumous Diseases of the Alimentary Canal; Diseases of the Cæcum and Appendix Cæci; Diarrhœa; Colitis and Dysentery; Typhoid Disease of Intestines; Colic; Constipation; Internal Strangulation; Intussusception; Carcinoma of the Intestines; Intestinal Worms; Perforation of Intestines from without; Abscess in the Abdominal Parieties, extending into the Intestines, and Fæcal Abscess; to which are added a general Index and an index of Illustrative cases.*

During the last few years much attention has been given to the diseases of the Alimentary Canal by our British brethren as will be apparent when we call to mind the works of BUDD, JONES, CHAMBERS, BRINTON, MURCHISON, and others; and at this we are rejoiced, as diseases of the Lungs, Heart and Kidneys, from their admitting of more

direct physical modes of examinations — of more positive modes of diagnosis, have tended to divert attention from the somewhat more obscure, but still not less important diseases which are the subject of this volume.

Connected as Dr. HARBERSHON is with one of the largest and best endowed hospitals in London, and one which pays more attention to pathological anatomy than any other, he has had excellent opportunities for prosecuting investigations and observing the results of treatment, and has made very good use of his advantages.

Our present space will not allow us to go into details, or attempt any thing like a discriminative analysis, but we can most heartily commend the volume to the attention of the profession.

A. B. P.

TREATISE ON THE IMMEDIATE CAUSE, AND THE SPECIFIC TREATMENT OF PULMONARY PHTHISIS, AND TUBERCULAR DISEASES. By J. FRANCIS CHURCHILL, D. M. P. Graduate of the Paris School of Medicine; Member of the Imperial Academy of Medicine and Sciences. Translated from the French by a Physician. New York: J. Winchester, Publisher, 43 John street, American and Foreign Agency.

THIS is the title of a pamphlet of 111 pages, including an Appendix written by the author of the theory that, "All tubercular diseases arise from a diminution of the oxydable phosphorus contained in the human system," and that the hypophosphitis of lime and soda will, when properly administered, remove that cause and correct the diathesis or rather that "a combination of phosphorus in a state at once assimilable and oxydable" will effect that object, when properly applied in the disease. This hypothesis does not include the belief that all cases of consumption can be cured, as when structure is extensively destroyed it can not usually be restored, and the process will very generally go on; but when the treatment is commenced sufficiently soon, aided by skillful Hygienic management, the progress

of the case, Dr. CHURCHILL thinks, may be arrested — its development prevented — and often injuries already inflicted may be repaired.

In the pamphlet before us is a paper addressed by the author to the Academy of Medicine of Paris, in which the theories and facts upon which his conclusions are based, are set forth, a considerable number of cases treated after his plan reported, an addition to the first report given, a History of the “discovery” he claims, a chapter of Deductions, and an Appendix containing a Memorial on the subject ; various letters, notes, &c.

In the present period of skepticism as to the efficacy of therapeutical agents, and especially of such as are brought forward by *French* Physicians with the possible view of attracting notoriety, making a sensation, and securing fame and business, such startling conclusions as this pamphlet contains will not be accepted by prudent men without careful scrutiny and the confirmation of extended experience ; and the publication of this pamphlet by a house having the agency for the sale of the articles prepared from Dr. CHURCHILL’S formula will be looked upon with some suspicion ; still there are those who, from careful observation, have confidence in the hypophosphites, and these articles are doubtless worthy of farther trial in a disease so often resisting all treatment heretofore practiced.

WINCHESTER’S preparations may be obtained of various druggists throughout the country, and we have for some time past prescribed the preparations manufactured by Messrs. HIGBY & STEARN’S, and in some cases, it appears to us, with evident advantage. If the hypophosphites are not specifics for consumption, they are at least good tonics in various low conditions of the system, and as such are entitled to attention.

A. B. P.

AN INTRODUCTION TO PRACTICAL PHARMACY. By EDWARD PARRISH, Second Edition, greatly enlarged and improved. Philadelphia: Blanchard & Lea.

THAT, EDWARD PARRISH, in writing a book upon *practical* Pharmacy some few years ago,—one eminently original and unique,—done the medical and pharmaceutical professions a great and valuable service, no one, we think, who has had access to its pages will deny; doubly welcome, then, is this new edition, containing the added results of his recent and rich experience, as an observer, teacher and practical operator in the pharmaceutical laboratory. The excellent plan of the first, is more thoroughly, and in detail, carried out in this edition.

We will give our readers—most of whom are medical men, and to whom we would particularly commend the book, in a few words an idea of it.

Of the five parts into which it is divided the first is devoted to a consideration of the implements and furniture of the Pharmaceutist and the Physician (who has to prepare his own remedies) explaining the methods of selecting and using such, and giving such suggestive, and practical details as guides, that we think, these preliminary chapters alone worth the price of the book.

The second part is devoted to Galenical Pharmacy, giving the manipulations required in producing the various preparations—termed pharmaceutical, both the officinal, and unofficinal. The preparations of the Pharmacopœia, and the new ones in general use, are classified and grouped into *syllabi*, in such a manner that the relations of menstruæ, proportions, dose, &c., are seen at a glance, affording additional facilities to the tyro in medicine for becoming *easily and quickly acquainted* with the agents he is to employ in practice. An arrangement we have never seen employed in any other work, and one which gives a special practical value to this. Following the

remarks upon each syllabus, Mr. PARRISH gives formulæ and processes for the new preparation which belong to the class under consideration, but which are not yet recognized and made officinal.

Part third treats of Pharmacy in its relations to organic Chemistry, in which organic substances used in Medicine and Pharmacy are treated of in groups, the classification being founded upon their chemical analogy. The chapter on volatile oils is particularly valuable in new tests and in comprehensive tables showing the reactions of the same.

Part fourth is upon inorganic Pharmaceutical preparations, the mineral acids, alkalines, earths, metallic and non-metallic elements, &c.

Part fifth is upon extemporaneous Pharmacy; this part is extremely valuable to beginners, in both the office and shop, and is filled with suggestions, such as only, one long acquainted with the practical every day details of the shop like Mr. PARRISH, could gather together.

When we look upon the book as a whole—intended as it is, as a text-book for the student, and as a guide to the Physician and Pharmaceutist, we can not but say we believe it to be the most useful one of the kind ever issued.

F. S.

A MANUAL OF ELEMENTARY CHEMISTRY, THEORETICAL AND PRACTICAL. By GEO. FOWNES, F. R. S., late professor of practical chemistry in University College, London. Second American from the seventh London edition. Edited by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy. 12mo. pp. 600. Blanchard & Lea. Philadelphia.

A new and revised edition of this popular elementary chemistry.

It affords in a compact form an outline of the general principal of chemistry—organic and inorganic—giving the

history of most of the important, among the numerous bodies which have become known by investigation. An unusual amount of space—for a work of the kind—is devoted to organic chemistry, much enhancing its value, on that account.

While the working processes are given in sufficient detail to be easily understood—the book is illustrated with numerous wood-engravings of apparatus, &c.

Price \$1.50. For sale by the publishers.

F. S.

POISONS IN RELATION TO MEDICAL JURISPRUDENCE AND
MEDICINE. By ALFRED SWAIN TAYLOR, M. D., T. R. S.

A second and revised edition of TAYLOR on Poisons having appeared in London. Messrs. Blanchard & Lea, with commendable enterprise, now offer their republication of it.

As an able and comprehensive treatise upon that branch of Toxicology involving a consideration of substances the misuse of which gives rise to medico-legal inquiry, we believe it to be without a rival.

In this edition the plan of the former one has been remodelled to meet the advancement made in toxicological knowledge, and to more particularly adapt it to the especial use of the practitioner of law and medicine. This is done by omitting merely historical notices of unimportant persons, while the consideration of substances most frequently employed for evil purposes receive the care their importance demand.

For sale by the publishers.

F. S.

Editorial Department.

The Annual Dinner of the New York Society for the Relief of Widows and Orphans of Medical Men.

This charitable Society embracing a considerable portion of the profession of the city of New York, and having well invested a large fund ready to be applied, as necessity may demand for the relief of the surviving families of any of its members, sat down to its accustomed annual dinner, in the Saloon of the Metropolitan Hotel, on the evening of the 16th of November, Dr. ISAAC WOOD, President, in the Chair.

After the discussion of a sumptuous repast, a report of the financial condition of the Society was read, and various *toasts*—to the Society, to the three learned Professions, the Medical Charities of New York, the Army, the Navy, and to Woman, were proposed and were severally responded to by suitable representatives present. and an agreeable re-union of the profession was enjoyed, Still mingling with the younger members were two of the venerable Nestors of the profession in New York, Drs. STEVENS and FRANCIS, and again their voices were heard urging on the fraternity to progress and improvement. Dr. FRANCIS, as he is fond of doing, carried the company back for half a century, and sketched various characters as specimens of Clergymen, Lawyers and Physicians in the days of his youth and early manhood; and Dr. STEVENS with that love of his profession and

his city, which has ever characterized him, and never more than in his now declining years, urged upon his brethren those improvements in the methods of medical teaching, which the wants of our country so imperatively demand, and for which the city of New York affords so excellent a field.

By the suggestion and request of some gentlemen, whose wishes are entitled to respect, we present in our pages a sketch of a portion of the proceedings at the dinner, reported at the time for one of the daily papers of the city.

Dr. JAS. R. WOOD, Surgeon of Bellevue Hospital, who has been so active in suggesting and carrying out improvements in that great institution, and who presented the Report on Medical Education to the American Medical Association, at its meeting at Washington, spoke to the toast of the Medical Charities of New York, referring to the great numbers who receive gratuitous medical and surgical services in that city, and to the propriety of making such patients serviceable in furnishing the means of clinical instruction to those who are to be the medical advisers of the people; and before resuming his seat introduced as one of the guests of the evening, Dr. A. B. PALMER, of the University of Michigan, who, he said, was accidentally in the city, and though scarcely off his sea-legs, having just arrived from Europe, yet he hoped would make some remarks which, he had no doubt, would be listened to with pleasure.

After other calls, Dr. PALMER arose and said: He was certainly taken by surprise, by the manner in which his friend, Dr. WOOD, had referred to him, and that three minutes before, he had not the remotest apprehension that he was thus to have been called upon for a speech.

As had been before stated by his friend, he had just

arrived, after a long and boisterous voyage across the Atlantic, and his head was not yet settled from the jostling it had received; and their indulgence must, therefore, be craved: but he could at least say to them that he was most happy at being among his medical friends in New York, on the present occasion. He could not fully express the pleasure he felt the other morning as he came in sight of his "own native land," after an absence of so many months. To one who had even the feeblest spark of patriotism glowing within him, a return to his own, from foreign countries, must excite pleasing emotions—for in the language of the song—

"Be it ever so humble there is no place like home."

But to return to such a home as ours—a country of such freedom, intelligence, plenty and hope, after visiting those less favored, must fill the heart with overflowing joy—and especially, as in that return, the tediousness the annoyances, and the perils of a rough sea passage were escaped. It is true our country has not the long history—the old associations, extending back to remote periods, as is the case with the countries of the Old World, but we could forego them, especially as being thus taken back we were carried into the darkness of barbarism, through scenes of tyranny, of oppression, and of aimless and bloody strifes; but our history, though brief, was covered with glory! He need only mention the Pilgrim Fathers, the heroes of the revolution—and those other heroes, the race of whom was not yet extinct,—who had not won distinction, it is true, by triumphing over their fellow men, but by subduing nature—heroes whose trails were not marked by the blood of victims, but by evidences of plenty and prosperity—those who had felled the forests and subdued the soil—had made the solitary places to rejoice—and the desert to bud and

blossom as the rose—had dotted the land with hamlets and cities—had built habitations for civilized men—established institutions for the education of the people, and the *whole* people, and erected temples for the worships of the Christian's God. These achievements were our chiefest glory, and prominent among them were our Common Schools, which notwithstanding all that had been said of the Prussian Schools, gave the best and freest education to the *masses* which was given anywhere else on the face of the earth. Under despotic governments, education was conducted not so much with reference to the production of good *scholars*, as to make good *subjects*—the masses were not taught in a manner to cause them to act freely and independently, but rather as they were directed by their Superiors. But with us our institutions, our teaching, and our habits all tended to produce that freedom of thought and action—that individuality and personal independence which properly belonged to a nation of sovereigns.

But although our provisions were so ample for the education of the masses, still from a combination of circumstances which he would not then attempt to enumerate, the few did not pursue knowledge to as great an extent—we did not educate those professing science and letters as thoroughly as the same class were educated in most countries in Europe.

He did not know whether he was expected to confine himself in his remarks to the toast last read, or whether a greater latitude was admissible. Indeed the lateness of the hour and the want of arrangement of his thoughts, suggested to him the propriety of his setting down; but encouraged by their attention and voices, he would make a few suggestions on the hacknied theme of Medical Education, suggestions the result of his observations at home and abroad, and of his reflections on those observations.

That there were defects in our system of Medical education, all admitted; and the time had certainly come when we should look those defects directly in the face, with reference to some efforts for their removal.

He was fully aware that great and radical changes, in a matter of this kind, could not be effected in a day, and could not be accomplished by after-dinner speeches. In the older countries of Europe particularly, customs were so fixed—were so ingained into the very constitutions of the people, that reforms, or changes of any kind, were necessarily slow. With us it should not, to any thing like the same extent, be so. We had so much adaptiveness—were so ready to receive suggestions and act upon them, that reforms respecting the propriety of which all are convinced, ought to be speedy—we ought to adopt at once such features of the institutions of other nations as were unquestionable improvements, and adapted to our circumstances.

Now there were several particulars in which the system of Medical education, generally prevalent in Europe, was in advance of our own, and it was folly for us to shut our eyes to the fact.

In the first place there was generally required, on the other side of the water, a higher standard of preliminary education, in commencing professional studies, than with us. The importance of this needed not to be dwelt upon, as it was apparent at a glance.

Both the rules of their institutions and public sentiment prevented totally illiterate persons from presuming to enter the profession. The same condition should be produced among us by public and professional sentiment, and by the rules of our institutions; and it was for us to establish that sentiment and those rules. Was it not within both our province and our power?

Again, they took more time in Europe than with us

to educate a medical man. M. D. there did not mean, "made in a day." Four years of professional study were at least nominally required—and three years attendance in Medical Schools was demanded. This point needed not to be dwelt upon. The vast amount that was at present known of Medicine, and which was essential to a proper practice of the art, could not be speedily acquired. This was well understood. Eight months attendance at a Medical School, with a certificate of a few additional months of office study (the value of which all know), would admit a man to the profession among us. Not more than three years study in all was anywhere in this country pretended to be required.

Again, the different departments of medical science were there studied with some reference to order—to a succession of subjects. All the various branches of medicine were not attempted to be crowded down a student together; and in four months—the next year repeating the dose. The more elementary branches were studied first, proceeding on in some order. With them, not more than three lectures a day were delivered to the same student—with us, six or seven.

Again, no medical school, pretending to be complete, existed in Europe without a Hospital—the school being an appendage to the Hospital.

While didactic or systematic instruction must be regarded as the foundation, and should precede in time, yet clinical—practical instruction, must enter largely into the superstructure of all true systems of medical education—that clinical instruction, which not merely takes the student with a crowd into an amphitheatre once a week, but *to the bed side of the patient from day to day*—following up the case from the beginning to the end of its course, and into the dead-house when the termination was fatal. How was this with our schools, even in New

York? Can students properly attend to clinical observation when listening to six didactic lectures on as many different subjects the same day? The idea was a glaring absurdity.

Lastly, in Europe the Examining and Diploma-granting bodies were separate from the teaching, and schools were consequently estimated and patronized according to the excellence and thoroughness of their teaching, and not according to the facility with which a degree could be obtained from them.

These were the differences in favor of the European schools for the education of Medical men. Should we adopt them? Had not the time come when we were called upon to take these matters up in a serious manner? What stood in the way of reform? Were there any selfish interests concerned? If not, what were there? There was indeed custom. But were we so bound to customs as not to be able to abandon those which would be more honored in the breach than in the observance? The difference between our country—its materials and its wants, and those of the old world might be urged. But was there such a want of medical men at the present time that we must take the crudest materials and transform them into Doctors in the shortest possible time, with but little reference to fitness and quality? Was human health and human life of so little consequence as to be dealt with in such a manner? These were serious questions, to be seriously met. They could not be innocently postponed.

But it may be asked, may not our students be sent abroad—to Paris for instance, to obtain that higher education not generally furnished at home? Now on this subject he had a word to say. Whatever perfections might be attributed to foreign schools, their distance, and the other inconveniences of a foreign sojourn, would exclude their

enjoyment from the masses of students as effectually as though they did not exist. But would it be well, if these inconveniences were removed, to send our students to Paris? He would not question the excellence of the French schools in many respects, and their adaptation to the education of French students, where they were fully submitted to their rules—subjected to repeated and rigid examinations in passing from one grade of scholarship to another, to a final ordeal of a severe character, and after long study, for admission to the profession. But did they supply the wants of the American students who visit Paris? And what was the ordinary course of such students? On this subject he had made some observations and inquiries, and could speak from knowledge, as well as from reliable information.

He wished it fully understood that there were exceptions—perhaps many exceptions, to the state of things he was about to describe; but exceptions, however numerous, would not alter the general facts. Most American students who go to Paris, have recently graduated in some of our own schools.

They go with an imperfect, often with no knowledge of the language, and do not pretend, indeed can not submit themselves to the discipline of the School of Medicine. Many in fact attach themselves to no special teacher, are submitted to no examinations—have in prospect no ordeal to test their knowledge, expect no degree or testimonial; and the result is, they soothe their consciences by spending an hour or two a day in visiting some Hospital, following some of the popular physicians or surgeons *at a distance*, seeing little and understanding less, and then going to some resort of amusement, or returning to their rooms, and not always to the exclusive companionship of their books, the day and night was spent, and their useful knowledge was but little increased. Six months or a year

was thus frittered away, and the young Doctor returned home, too often with his mind dissipated, his health impaired, his morals corrupted, and actually knowing less of Medicine than when he went from home; but having the reputation of studying abroad, and basing, it may be, large pretensions upon that reputation. He wished to repeat that there were exceptions—many honorable exceptions to this picture—but even if such were tenfold more numerous than they were, there would be no reason why we should not fully develope our own domestic resources, and give as good and extended instruction at home as could be obtained abroad. What was to hinder? There were no more facilities, in any part of the world, than in New York, for medical instruction of every grade and character. What was to hinder their being rendered fully available? Had we not the men to do it? He looked around him and saw men who appeared as well as those he had seen elsewhere—and he fancied he had seen many of the best abroad. If then we had the men and the means, he repeated the question, what was to hinder which might not be overcome?

He would not say there were no difficulties in the way of rendering our schools as thorough as the best in Europe. It might not be possible to induce the masses of the schools throughout the country to adopt the improvements which were needed,—and it might not be practicable for one, or a few, to succeed, standing alone in their adoption. He was fully aware that the ideal and the practicable were often at variance. But if our common medical colleges can not be speedily and materially advanced, what is to hinder the establishment, in New York, of a distinct Clinical School, holding its chief sessions in the intervals of the didactic lectures in the existing colleges? Such a school, so far from interfering with those already in the city, would rather attract students

to them, by making New York the Medical, as it was the commercial emporium of the New World. Such a school should have a large corps of teachers, and should be organized in connection with your largest Hospitals,—thorough daily drilling at the bed-side, and in the dead-house should be given to the students at a season when their time and attention were not so occupied with didactic and elementary lectures as to render the improvement of the advantages impossible.

He would close his remarks by this suggestion, stating that it was a subject upon which he had bestowed some reflection, and which his tour abroad had rendered him more anxious to see realized. He was aware that much had already been done of late in the right direction, but there was much more to be accomplished by a more thorough organization and a larger concert of action. He believed New York could be made, not only the medical emporium of this continent, but that students might be attracted even from Europe, as he believed, with all our imperfections—such was the activity and practical adaptiveness of the American Mind—we could teach even Frenchmen and Englishmen many practical things of which they were ignorant.

Should they not give their attention and a hospitable entertainment to these suggestions, and see if some practical results could not be realized, which should place our noble profession in a position, in this country, which it has not hitherto occupied?

Dr. ALEXANDER H. STEVENS said, by the permission of the gentlemen present, he would make a few remarks. He felt constrained so to do because the subject brought before their attention by the gentleman who had just taken his seat, was one upon which he had long reflected, and he wished to say that to all the remarks which had been so forcibly made on the subject of Medical Education, he could heartily respond, “Ditto to Mr.

BURKE.' These were the very principles which had settled down in his mind as the result of thirty years reflection, and he was most anxious to see them carried out. The higher standard of preliminary education—the longer terms of study and instruction—the separation of the teaching and licensing bodies—and above all the practical, demonstrative character of hospital instruction, as an absolutely essential part of medical education—all met with his most decided approval. He could but bear his testimony to the very great importance of all these measures, and felt under obligation to the gentleman for his remarks—coming fresh as he did from Europe where he had witnessed the operation of the systems of education prevailing there, his remarks had more weight than though coming from those who remained at home. He was also pleased with the suggestion of a distinct Clinical School in New York, and said it was absurd to think of giving thorough hospital instructions while students were listening to six lectures a day on systematic and elementary subjects, besides attending at night, &c., to practical anatomy.

As to the students going abroad, especially to Paris, he had long been of the opinion, from observing effects, that many, very many, were injured rather than benefited—that they often came back with their heads loaded with nonsense which they had to forget, knowing in fact less of true medicine than when they went away. Those who have received their impressions from Paris teaching and observation, even when they were studious and intelligent, come home with exaggerated notions of the importance of some points in minute pathology, by no means settled, while they lost sight of the great object of medicine—the cure of disease. They were led astray by the novelties of the passing moment, as ephemeral as they were unreal, and they often vainly sought to enlarge the

boundaries of science, while ignorant of what was within its present domain.

Our system of instruction was in the last degree disorderly, however excellent its matter. The health of the student was often broken down by listening to so many lectures in a day, of which they did not carry a tithe from the lecture room, and much less permanently retain.

His *beau idéal* of a course of medical education should embrace a period of four years, and not more than three hours a day should be spent in the lecture room. The demonstrative parts of the science—those addressing the eye and the touch and not the ear exclusively—those making a smaller draft upon the reasoning powers, should first be addressed to the youthful mind; and the healthy condition of the structures and functions, should be made familiar, before their morbid states were taught. If any exception should be made to this latter rule, it would be in the early accustoming the student to the observation and treatment of the external appearances of disease. He would not only have a small number of lectures per day, but would have intervals between, encouraging students during such intervals to converse together on the subjects of the instruction. He need hardly add that the manner of a professor towards his students should be kind and affable, while the reverse of these qualities should render a teacher ineligible to a position. It was one of the pleasantest reflections of his life, that during the whole time passed among students and in familiar intercourse with them, no circumstances had ever occurred to destroy the pleasure of the retrospect.

He would close his remarks by repeating his approval of the suggestions which had been made, having the strongest desire that the city of New York, in which his life had been spent, should be the great centre of medical learning, and that her public charities, so excellent and

ample, should be rendered available to large numbers, for the highest forms of practical and demonstrative instruction. He must be permitted to urge the necessity of addressing the eye as well as the ear, with the truths of the medical art. The well known words of HORACE—

“Segnius irritant animos demissa per aures,
Quam quae sunt Oculis subjecta fidelibus,”

Were as true now as in the days of the Roman poet, and peculiarly applicable to the teaching of our profession. The eye must be taught to observe, and through it would ever be received the strongest, clearest and most lasting impressions.

At the expense of considerable space, we have presented the above report, as at once expressing our own sentiments on the subject of medical education, and showing the direction in which the opinions of the profession are tending. The opinions of no man in the profession, on this subject, are entitled to more weight than those of Dr. STEVENS, and they seemed to have the hearty approval of the assembly present at their delivery.

A New Journal.

The first number of “the Chicago *Medical Examiner*, a monthly journal, devoted to the educational, scientific, and practical interests of the Medical Profession,” is before us and will be placed upon our exchange list.

Our neighbors at Chicago have been undergoing a revolution—a dissolution of *Union*(?) has taken place, and instead of one Medical School and one Medical Journal, two schools and two journals are in existence. Of the causes which have led to this state of things, we are not publicly, or at least publicly and fully informed, but presume an incongruity both of persons and principles has

led to the result, as certainly there are not more students resorting to Chicago than could be accommodated in one school, or more contributors, correspondents and readers within that area than could be accommodated by one journal.

With the incongruity of persons we have no concern—the differences of principle are matters of public interest, and to them we wish to call attention.

Rush Medical College has been in existence and operation for several years. It was established on the old idea, or rather after the plan of those, founded on the idea, that medical schools were places where students were to come for a few weeks and review the studies they had been pursuing with private perceptors, to witness some demonstrations in chemistry and anatomy, and to receive a degree recognizing their attainments in professional learning. The length of its sessions has been sixteen weeks, and the plan of conducting it has been to deliver six lectures per day on six different branches, carrying on all the subjects simultaneously without order or succession. It has, in short, been anti-progressive, and has turned a deaf ear to the recommendations of the American Medical Association, and all those who have insisted that the enlargement of the field of science and the change in the modes of obtaining a medical education (students now depending almost exclusively upon the schools, and very little upon reading in private offices for their instruction) require a material modification of the whole system. One gentleman formerly connected with the Rush College, and now with the new school and the new journal, took a very early and leading part in exposing and denouncing the absurdities of the prevalent system which Rush College still pursues, as it ever has done, and he has at length made an effort to relieve himself from the inconsistency of advocating a course which he was so very far from pursu-

ing. Nine or ten years were quite enough to stand in such a position before the profession, and we can but congratulate him on the occasion of his change.

In the number of the journal before us is an address from Dr. DAVIS, the Senior Editor, and the Professor of Practice in the new school, delivered on the occasion of the opening of the school, which bears the name of the *Medical Department of Lind University*, in which are indicated the improvements attempted to be made in the new organization. "They are," to use his words, "first, an increase in the number of Professorships corresponding with the increased number and extent of the branches included in the great field of medical science and art at the present time. Second, an increase in the length of the lecture term sufficient to allow fewer lectures a day, and the students more time for reflection and hospital attendance. Third. Such a division of branches as will enable the student to attend, during the first course of lectures, to those only which are more elementary in their nature; and in his second course, those denominated practical; thereby enabling him to concentrate the mind upon a smaller number of subjects at one time, and investigate them in such order of succession as will facilitate both the acquisition of knowledge and the attainment of a high degree of mental discipline. Fourth. The establishment of systematic hospital clinical instruction in connection with the course on practical medicine and surgery. Fifth. The more frequent and thorough examination of students during their attendance on lectures, as well as at the close of the period of their privilege."

These are certainly very worthy objects; but what are the means proposed for accomplishing them? Are they adequate to the demands of the case? Will they afford a complete and thorough course of professional training?—for we must bear distinctly in mind that office

instruction is in a vast majority of cases almost, if not wholly, a nullity.

The first means proposed to accomplish these purposes, is to extend the annual college term to *five* months. This, we must confess, is an advancement beyond four months, but it is far less than we had anticipated from the well known views of the principal movers in this project, and from the evident demands of the profession. In a plan suggested by Dr. DAVIS some two or three years ago, *nine* months was the length of the term he then proposed; but for some reason those of a prudential character, doubtless, the item of *four* months is thrown off! This, in order to have the matter fully understood, must be taken in connection with "the division of the term into junior and senior departments, in such a way that all students attending this first course can concentrate their attention upon the more elementary branches, and advance in their second to the most practical." By this arrangement, two courses of lectures only being required for graduation, the subjects are passed over in the school but once, —there is no opportunity of hearing a second time the important facts and principles enunciated, and if not comprehended the first time, or if forgotten, they are never again to be called up by the teachers, or never fully impressed upon the mind. We need but appeal to the experience of every student, as to the greater satisfaction with which he has listened to a repetition of medical lectures. However slowly they may proceed, many lectures and subjects will fail to make their proper impression the first time of their presentation. It must be remembered that the study and practice of medicine is quite different in some respects from that of the law or any other profession. The lawyer, for instance, has ample time to prepare his cases for trial in court — weeks and months usually elapse after his attention is called to a case, before his knowledge and skill

are brought to the test. With him a knowledge of references is a knowledge of his profession. He can deliberately look up the law, and make up his brief. The physician or surgeon, on the other hand, is usually called upon to act at once, with no opportunity for consulting books and ascertaining authoritative decisions in similar cases. When the life-blood is flowing forth, he must have ready knowledge of where the artery lies, around which a ligature is to be passed. When the exhausted brain and nerves are ceasing to act, he must determine without delay the agent to be employed to keep the functions in play. He must have his knowledge completely at his command; and to secure this, in medical, as in moral teaching, "line upon line, and precept upon precept" are required.

With regard to the means for accomplishing the other objects specified, they are generally of a character to be approved; yet we must be permitted to say that the efficiency of teaching is not always in proportion to the *number* of teachers. It will simply be in proportion to the extent and faithfulness of the teaching; and while a certain amount of division of labor is essential to secure a proper amount of concentration of mind, of familiarity with the subject and energy in presenting them, yet there are limits to this division of labor and multiplication of men—one's efficiency in teaching the diseases of the chest, for example, would hardly be impaired by his teaching also those of the abdomen, provided the same time was afforded him for his work that would be given to two, and the different departments of Anatomy might perhaps be as well taught by one qualified anatomist, as by two or three; while the same chemist could teach as well both inorganic and organic chemistry, if sufficient time were allowed him for his work.

Our own ideal of a proper Medical School in the pre-

sent state of our country, would be one that should continue its annual sessions eight or nine months, the first half of the term being devoted to the primary, and the last half to the practical branches,—nothing short of two such full courses entitling the student to an examination for his degree. This would secure order and succession in the presentation of the subjects of study, and that repetition necessary to fix them in the mind.

But the five months plan of the Medical Department of the Lind University, we regard as an improvement upon that of its *four* month rival, and as such it has our sympathy and well wishes. The journal before us, its organ, has also our kind wishes. It has a respectable appearance, and we have no doubt it will be conducted with ability. The qualifications of the senior editor for the task undertaken, are too well known to require our endorsement.

A. B. P.


Blackwood's Magazine and the British Reviews.


We would call the attention of our readers to the advertisement of LEONARD SCOTT & Co., in the present number of our Journal.

We copy the following notice from the *Philadelphia Evening News*:

THE BRITISH PERIODICALS. The MESSRS. LEONARD SCOTT & Co., of New York, who republish the four great British Reviews and BLACKWOOD'S Magazine, deserve the gratitude of all friends of sound and sterling literature in this country. These periodicals have long been justly celebrated for their elaborate and able criticisms, their learned, brilliant, and attractive essays, and their chaste and classic style. They represent respectively all the great parties of England, both in Church and State—the London Quarterly representing the Conservatives, the Edinburgh Review the Whigs, the Westminster Review the Liberals, Blackwood's Magazine the Tories, and the North British Review the Free Church of Scotland. But although each is thus the organ of a great party, none of them are illiberal or narrow-minded, or will give any countenance to the prejudices and foolish vainglorious theories which

sometimes find advocates even in the columns of the *Times*. The reason is obvious; their contributors are, without exception, men of superior education—men who are familiar, not only with British history, but with the history and ethnology of every civilized country. Hence it is that the English newspapers and the English periodicals are as unlike as possible on most international questions—nay on most subjects relating to England itself. The former can seldom see any faults at home, or aught that is commendable abroad; while, as a general thing, the latter are as willing to do justice to the French or the Germans as to their own readers. This cosmopolitan spirit is a striking and noble feature in the periodicals under consideration, especially in the Reviews; and it is one that greatly enhances their value. If they were merely local in their views and sympathies they would not present, as they do every quarter, an epitome of the literature of Europe and America; for need we say that there is not a book published in either hemisphere that contains aught that is new or valuable, the pith of which is not to be found in one or other of the Quarterlies. Was it too much, then, for us to say, as we did at the beginning of this notice, that the gentlemen who furnish us the reprints at *less than one-third* what the originals cost in England, deserve our gratitude? The four Reviews and Blackwood only cost \$10 in this country, while they cost \$31 in England.

 Hon. Judge MASON, of Iowa, who made himself so popular with the inventors of the country while he held the office of Commissioner of Patents, has, we learn, associated himself with MUNN & Co., at the *Scientific American* office, New York.

 We regret that in the letters of our Editorial Correspondent so many typographical errors have occurred. As the writer will hereafter have an opportunity to correct his own proof, it is to be hoped such errors will be less numerous. There would doubtless be justice in the compositor's claiming that the manuscript, written without revision and in a scrawled hand, was not the most clear and bright. Some of the errors in the letter in the November number are specified: on the 456th p. 3d line from top, for "sublimary" read *sublunary* — 459th p. 14th

line from bottom, for "Cicotraces" read *Cicatrices* — four lines below, for "Orthopiclic" read *Orthopædic*. On page 461, six lines from bottom, for "Metatarsis" read *Metastasis* — and on 462, three lines from top, for "Murate of Soda" read *Urate of Soda*.

EDITORIAL CORRESPONDENCE.

BRADFORD, England, October 15th, 1859.

Dear Readers of the Peninsular and Independent:

In my last, I gave you some account of the meeting of the *British Association for the Advancement of Science*, and intimated that in my next, I should resume the notice of medical men and institutions in London and elsewhere. Since then with my face rather homeward, I have spent two weeks most delightfully in the city of Edinburgh, — have been to Melrose, Abbotsford, and through the rest of the "Border Country" — the scenes of so many bloody contests between the English and Scotch in times gone by — have been at Newcastle (but not for the purpose of carrying coals there), though I brought some coal dust upon my exterior and in my lungs up from a depth of 1200 feet below the surface, and a mile or so from the shaft — have examined the cottages of the miners of those localities, and the condition of their inmates — have passed over a large region of country where the plow and other implements of husbandry are doing their work upon the surface of the earth, while the pick, and shovel, and car, are doing their's deep in its bowels — have been through Leeds and heard the din of its thousands of hammers, and seen the blackening smoke and brilliant glow of its forges; and am now in this city of Bradford, in the West Riding of Yorkshire, in the midst of very beautiful natural scenery, where the earth is cultivated in the greatest perfection, and where on all sides immense structures are erected in which iron, worsteds, and various other textile fabrics are manufactured to an enormous extent.

I have been here for the past week in attendance upon the *National Association for the Promotion of Social Science*, and it has been a meeting of so much interest to me, and

subjects have been presented and discussed having such important relations to medical science, that I hope I shall be pardoned for deviating a second time from my original plan, to give you in this letter a hasty and imperfect sketch of a second British great national congress. While the late meeting at Aberdeen was the 29th of the British Association for the Advancement of Science, the Bradford meeting, just closed, is only the 3d of the National Association for the Promotion of *Social Science*.

It will doubtless be asked by many "what is meant by those engaged in this association, by *Social Science*?" and an answer (it must be confessed rather vague), has been given by one who has written on the subject, "that it is the Science which has for its object to promote the well-being and happiness of the human race. It embraces in its developement a consideration of all the subjects that the most enlightened philanthropy can suggest, and at the same time realizes for itself, by the foundation on which it rests, the dignity of a science." It is in fact the Science of Philanthropy — of the improvement of men in society. As all definitions of a subject so extensive and complicated must necessarily convey an imperfect impression of its full nature, in this as in other simular cases, description must be resorted to, and we shall find in the enumeration of the different departments, and as we proceed, some of the special subjects embraced under them, a more full conception of the general science. It is divided into five departments, viz. I. *Jurisprudence*—Improvement of the Laws, &c. II. Education. III. Punishment and Reformation—Incentives to and Preventives of Crime. IV. Public Health, and V. Social Economy.

In a certain sense, social science may be said to be the application of other sciences, to human progress and well-being.

The origin of this association is attributed, if not to the original suggestion, at least to the active promotion of that singularly energetic and versatile man, Lord Brougham, who is the permanent president of the council, which is the governing active body: and although so advanced in years, has been the most active member of the present meeting. The idea of such an Association was first suggested to Lord Brougham by G. W. Hastings, Esq., who is now its general secretary.

Many persons for a long time, in England as well as elsewhere, have of course been interested in different departments of reformatory study and action, but there needed in these labors, as in those of physical science, a concert of action, the influence of one mind upon another, to give acuteness and comprehensiveness of views, and efficiency of efforts to all.

Solitary students and solitary philanthropists are alike liable to take very limited and partial views of the great fields of truth and benevolence. The student exaggerates the importance of those branches of science in which he has been engaged, disparaging others; while the philanthropist who persists in pursuing his own plans for the reformation of society, unenlightened by the experience of others, may come to regard his own limited and partial schemes as alone possessing value, neglecting or condemning others far better calculated, under many circumstances, to accomplish the greatest good. Besides, in association will be found a true division of labor, each with a common object working in his allotted sphere; and while one mind can not master every branch of knowledge, it may supplement its experience by the interchange of information and opinion with other laborers in the same field. Some minds are adapted to the observation of facts, others to the discovery and enunciation of principles, while others still can apply the knowledge of facts and principles to the accomplishment of ends. In accordance with these principles, when it was once suggested, the notion of an Association of those engaged in social reformation was at once acceded to by many distinguished persons, and a meeting was held at Lord BROUGHAM's house in July, 1857, consisting of some forty persons, embracing some of the most distinguished in the country; preliminary measures were entered upon, and a meeting appointed in the next October in Birmingham, which was numerously attended; Lord BROUGHAM acting as President of the Association, while the department of Jurisprudence and Amendment of the Law was presided over by Lord JOHN RUSSELL; that of Education by Sir G. S. PACKINGTON, M. P.; Punishment and Reformation by the Bishop of London; Public Health, by Lord STANLEY, M. P.; and that of Social Economy, by Sir B. C. BRODIE, F. R. S. On the afternoon of the day previous to the evening on which the meeting was regularly opened, a special service was held in

one of the established churches of the place, and a sermon preached suitable to the occasion. The Association thus inaugurated has continued to prosper. Two most important volumes of transactions have been published. Many of the papers emanating from the very ablest men of the nation, and the present meeting has sustained the high reputation which those preceding had given it. The influence of the organization is strongly felt in every department of reform throughout the land, and is not without its effect upon Parliament.

But it is quite time that I begin to give some account of the present meeting.

On Monday, the 10th, the meeting was called. In the afternoon a special service was held in the Parish church, and the Lord Bishop of Ripon, a very active and talented prelate of the Established Church, preached a sermon peculiarly appropriate, from the text in Hosea, "My people are destroyed for lack of knowledge."

In the evening the first general meeting occurred in a large and beautiful public hall, capable, on its main floor, and in its galleries, of seating 4,000 persons, and was opened by an address from the President of the Year, the EARL OF SHAFTSBURY. This nobleman is exceedingly popular with the masses of the people here and elsewhere, and has the well earned reputation of a most excellent man. He was the originator and chief supporter of the law of Parliament reducing the hours of labor to factory hands, and is constantly engaged in the most arduous labors of christian benevolence among the poor and vicious. He is a most staunch supporter of total abstinence from alcoholic drinks, and urges his views upon the people with the warmest zeal and the greatest force. I have seldom heard his appeals equalled. He took a general survey of the field of social reform, but I shall here only refer to a few of his statements in relation to public health. He said, "The consideration of public health involves far more than the mere physical status of the population. It has its physical aspect certainly; but it has also its moral, political and financial aspects. To those who have never investigated these things our activity and earnestness appear speculative and fanciful. But they are not. We observe an enormous amount of physical degradation and suffering, and are filled with alarm and pity. We examine still

farther, and we perceive its direful effects on the moral, social, and political condition of millions of the human race. We continue our examination and soon perceive that, though death is the lot of all, a vast portion of the disease that hastens its approach and incapacitates, and dishonors life before it comes, is self-inflicted by man, and not divinely imposed. The health and comfort of society, with the decency and preservation of individuals, were deemed worthy of a place in the levitical code; and now, aided by the more scientific processes of modern days, we are but carrying into effect the principle laid down by the inspired lawgiver. The enormous mortality of children, and the premature deaths of adults, may be viewed both in a formidable and consolatory aspect; formidable in respect to its amount; consolatory that it is so largely preventible. Now, the nation has a deep and lasting interest in the physical welfare of all her children, not merely in their numerical existence, but in the power and duration of their working life. She needs them for the industrial and military purposes of the country; she needs many to be retained at home, and many to go out in emigration, peopleing the vast wastes of the earth with the Anglo-Saxon race." He then proceeded to show that in England and Wales alone statistics demonstrate, comparing one place with another, that there are 60,000 preventable deaths, and more than a million cases of unnecessary sickness occurring annually, with all their train of evil consequences—the smallest being the pecuniary loss, of supporting hospitals, workhouses, orphan asylums, &c., and the heavy expense to families and individuals, rapidly eating out their substance. He referred to the city of Ely, and that of Macclesfield. In the latter, five years ago, the rate of mortality was regularly 33 per annum in the thousand. For the last five years it has been but 26 in the thousand, the reduction being produced by the action of an efficient board of health. In this town alone, though not of large size, 1,015 lives have been saved. In funeral expenses £8,729 have been saved. There have been 28,420 less cases of sickness, and the cost of these cases being estimated on the data of the benefit society, at one shilling a day for 20 days, there has been a farther reduction of expense by £28,420. The average age of all who died in the former time was 24, while in the surrounding county it was 34. In

the last five years it has been 27. Each year it has been increasing, so that last year it was near 29. Thus three years has been added to each inhabitant's life. Farther, the deaths of children under one year of age has decreased 16.3 per cent; and those under five years 4 per cent. These are but samples of others. Such results are everywhere due to the improvements in the construction of dwellings, streets, courts, alleys; of drainage, ventilation, supply of good water, removal of nuisances, piggeries, hay stalls, bone boiling, &c., and frequently the saving in life and health will within the first year, pay the expense of the changes required.

He alluded to the recreations of the people, strongly recommending parks and play grounds, harvest-homes, excursions, Olympian games (tested] by the experience of ten years at Wenlock, in Shropshire).

Such facts and sentiments as these going into the papers, and being impressed by the authority of great meetings and well known names, must have their effect.

LORD BROUGHAM, in an energetic and most appropriate speech, referred to the deaths among their number which had occurred during the last year, and among them, of that of Dr. ALLISON of Edinburgh (whose funeral I had the melancholy satisfaction of attending with the profession of that city), and, he said, "a greater loss the Medical profession and society could not sustain." He then moved a vote of thank to Lord JOHN RUSSELL who served as President the last year. The Rt. Hon. JOSEPH NAPIER, late Lord chancellor of Ireland, seconded the resolution, and enlogized Lord JOHN, though they were political opponents, and expressed the hope that the influence of the Association would be felt upon Parliament and the Government through him as a member of Parliament and the Government. I mention these details to show that the Association is composed of men in such positions as to render its expressions and actions of weight in the councils of the nation.

On Tuesday morning the Association met again in the great hall, when Lord BROUGHAM, as President of the council, delivered a lengthy, elaborate and able address. Though Lord B. is, I think, over 80 years of age, his gait is still elastic, his motions quick and steady, his voice clear and firm, his memory

exceedingly retentive, and all his intellectual faculties, though perhaps less intensely active than once, when he almost shook the world with his eloquence, still as compared with other men's, are perfectly sound and bright. Although I heard him last June in the House of Lords, I was greatly interested and gratified in hearing him again; and as I have since again and again during the week, heard his voice, associated as he has been from my boyhood with our great WEBSTER—the one as the great man of England—the other of America—a feeling of sadness could not be suppressed, when thinking of the far more majestic and commanding form and bearing of our own statesman and orator—of his noble organization—his massive yet exquisitely formed brain, being impaired and finally defaced by a cause which might have been avoided. I have learned to be cautious in expressing opinions of the comparative merits of speakers, and pictures, and specimens of architecture, music, &c., heard or seen at different periods, when the powers of appreciation might be supposed to be in different conditions;—but making allowance for all these things, and also for the failing of powers in Lord BROUGHAM, I can but think that Mr. WEBSTER, though not a match for BROUGHAM in the variety and extent of his knowledge, or perhaps in the readiness of his resources in an off-hand debate, was still capable of making a much finer impression as an orator, on a great occasion, than Lord BROUGHAM ever could have been. The vast difference in their style of oratory renders it somewhat difficult to make a comparison. In manner, Mr. WEBSTER was calm, dignified, refined and elevated. Lord BROUGHAM is forcible, pointed, and abrupt. Mr. WEBSTER's gestures were not frequent, were usually slow, but always appropriate and graceful. Lord BROUGHAM's are frequent, rapid, energetic and not always marked with grace. Mr. WEBSTER's countenance was either composed, or slowly changed by deep emotion. Lord BROUGHAM's features are seldom approaching a state of rest, when he is on his feet, and are often almost distorted to a grimace even on not very extraordinary occasions. Mr. WEBSTER always spoke in clear, musical, and sustained tones of voice; Lord BROUGHAM's voice is frequently changing, and the sounds are often expelled with such an abrupt force, and yet so restrained as to

render them unmusical and harsh. Mr. WEBSTER always spoke slowly; Lord BROUGHAM often with rapidly. Lord BROUGHAM often bends his knees making an abrupt though slight sinking and rising motion, at the same time bending forwards. No such motion belonged to Mr. WEBSTER. He stood erect and firm. Mr. WEBSTER was peculiarly graceful and great by nature. He could do nothing in an inferior or even common manner. Lord BROUGHAM, though endowed with superior capacities and powers, has made himself pre-eminently great by incessant, and systematic labor. He said in a speech at the working men's meeting, a few nights ago, that it had been a rule during his whole life, that he should take no relaxation, not even indulge in reading of a general improving character, until he had earned the privilege by a full honest day's work. He said, he worked daily still, and meant to work as long as God should spare his faculties. This is the secret of his power, and his present vigor of mind.

One of the most striking features of his address on this occasion was his advocacy of temperance organizations, and of the benefit of prohibitory legislation.

He said the connection of intemperance and crime was demonstrated in the clearest manner. He referred to statistics in Great Britain and in our own country, and said: "That repressive measures are loudly called for in this country, it is difficult to deny; but if there are objections to these, chiefly from the public mind not being prepared for them, at least we can cease to encourage intemperance by treating it as venial, and by suffering pernicious customs to continue for its encouragement and protection. Not only do those greatly err, but they are *positively criminal* who treat the subject lightly; and yet more to be condemned are those who regard intemperance as an extenuation of guilt, of which it is rather an aggravation. How much more criminal are persons in authority who sometimes so consider it in meeting out the inflictions of the police, or even of the penal law! But those are not to be forgiven who indulge in light talk upon that which is the fruitful parent of the worst offenses, even murder itself. What shall we say then of customs being maintained directly promoting intemperance, and which have neither antiquity to plead in their defense, nor any neces-

sity whatever to require their continuance, nor even the fact of their universality to allege in their favor? . . . As it is clearly not enough that we should cease to encourage intemperance, and as positive repression is attended with great difficulty, there is every reason to rejoice in the exertions which have been made by individuals to apply a remedy, or at least a palliative, by such proceedings as may be taken without legislative aid. The formation of Temperance Associations have been highly beneficial; and these have spread over many parts of the country." He goes on to say of intemperance, that education can not be relied on to stop its ravages—that "it is a common enemy; it attacks even persons of cultivated minds, spreads havoc widely among the multitudes of our inferior orders; and fills our workhouses and gaols. To lessen its force and contract its sphere, no means must be spared, if we really mean to stay the progress of destitution and crime. The philanthropist has no more sacred duty than to mitigate, if he can not remove, this enormous evil. The lawgiver is imperatively bound to lend his aid, when it appears manifest that no palliatives can avail." He then refers to the Maine law and its effects approvingly, and says, if the public mind is not yet prepared for prohibition, palliative measures will tend to prepare it—and when thus done, prohibition may be successfully effected. He then indulged in the painting of a most beautiful word picture of the state of things which would exist when the drink demon was destroyed, when the poor were freed from the yoke of a cruel tyrant by a law which might be imagined to have come down from Heaven.

I could not refrain from making, this synopsis of Lord BROUGHAM'S remarks on this subject, as it will show, more than detailed statements, the direction and tendency of the best minds here—and, that those who affect to sneer at temperance sentiments and temperance efforts, are sneering at some of the wisest and greatest men the world has yet produced, as well as endeavoring to oppose however unwittingly the best interests of humanity. I wish to say to those who know something of my sentiments on this subject, that the more extended has been my observations, the more completely am I confirmed in the opinions which I have very de-

liberately formed and repeatedly expressed. Since I have been in Europe I have been convinced, if possible, more than before, of the truth of that scripture which says, "Wine is a mocker; strong drink is raging and whosoever is *deceived* thereby is not wise."

But it is quite time I proceeded with the sketch of the meeting. The plan of proceeding for the week was, that each morning an address was delivered in the great hall before the whole Association, consisting of about 1,400 members and associates, by one of the presidents of the five departments, making a general review of the subject coming under the discussion of his section. Accordingly most excellent addresses were delivered respectively by Vice-Chancellor Sir W. PAGE WOOD, on Jurisprudence—the influence of laws upon the interests of community, and law reform—insisting among other things that law-students should be thoroughly examined, &c. By Rt. Hon. C. B. ADDERLY, M. P., on education—reviewing the general subject, and referring repeatedly to the schools in the United States. By R. MONCKTON MILNES, M. P. on Punishment and Crime—urging humanity, &c. By Rt. Hon. WM. COWPER, M. P., step son of Lord PALMERSTON, the prime minister, on Public Health—an address characterized by Lord BROUGHAM as most excellent in every respect. And last by J. K. SHUTTLEWORTH, Bart., on Social Economy, giving a sketch of the history of England in its social, industrial and economic developement. After these morning addresses, the sections met each day under their presidents, and papers were read and discussed until near 5 o'clock; while each evening there was either a public meeting and addresses, or a *Soiree* in the great hall.

The business in the sections may best be judged of by giving the titles of a few of the many papers which were presented during the week. In the Jurisprudence department were papers such as the following: "The Province of Legislation"—"On a Declaratory Code"—"The Transfer of Lands"—a most important subject affecting all the interests of society, as now the title of land costs so much as to exclude every man of moderate means from owning any soil, keeping him dependent—"On Copyrights"—"On the Application of Science to the Administration of Justice"—"On the

Fusion of Law and Equity" &c. &c. In the Educational department were papers "On the Importance of Natural History as a Branch of Education"—"On the Establishment in Cambridge of a School of Practical Science"—"The Professional Training of Teachers"—Many papers on governmental aid to schools for the laboring classes. This whole subject was very thoroughly discussed. The subject also of the Oxford and Cambridge Middle class Examination, as they are called, was thoroughly discussed. Examinations are made by these Universities of all who present themselves under eighteen years of age, from whatever school, and if qualified according to their standard, the title of A. A.—Associate of Arts is conferred. These examinations, as their standard is adopted for Medical Students under the New Medical Registration Act of Parliament, I shall endeavor to give a more full account of in some future article. Many other subjects, such as, "How our Universities may be made more available for the Middle and Working Classes"—"On Domestic Tuition"—"Working Men's Colleges"—"Adult Education for the Poor" &c. &c. were presented and discussed.

In the Department of Punishment and Reformation, or Incentives to and Preventives of Crime, there were papers on "Intemperance regarded in its chief causes, its relation to Crime, and its Remedy"—"The Criminality of Drunkenness"—"The Licensing system, with special reference to Beer Houses"—"Inexpediency of Capital Punishment"—"On the Law of False Pretences"—"On Reformatory and Refuge Unions"—"Punishment *versus* Reformation"—"Industrial Homes for Vagrant Children," and many others.

In the Public Health Department, very many exceedingly important papers were presented, and perhaps a more profound impression made upon the public mind than in any other. The following are the titles of some of the papers: "The Air we Breathe—ought every one to do as he likes with it?"—"On the Healthiness of the Anglo-Saxon Race in Australia"—"On the relation between Density of Population and Mortality from Consumption"—"The Social and Sanitary Progress of Bradford"—"On the Physical Effects of Diminished Labor"—"Loss of Life in Coal Mines"—"Mortality in Mews"—"Notes and Results of Sewerage Irrig-

gation"—"On Deficiencies in Public Records of Mortality and Disease, with Suggestions for an Improved National System of Registration" (an admirable paper)—"The Use of Intoxicating Drinks not necessary to Workmen in Mines and Forges, illustrated by the Low Moore Iron Works, Bradford"—"Wet Nursing"—Several papers on "Ventilation"—in one of which the *American System* as applied to Large Buildings, Asylums, &c., was described, and several others on various aspects of the subject of Sewerage. Both these subjects were fully discussed.

The following are the titles of some of the papers in the Department of *Social Economy*: "The West India Labor Question" involving the economy of Slavery and Abolition—"On Direct and Indirect Taxation," a highly interesting discussion on these questions—"On Industrial Employment of Women"—"On the Method and the Range of Statistical Science"—"How to make Statistics useful"—"On the Direction in which the Census Inquiry of 1861 should be extended." Several papers on this general subject—"Progress of the Free Public Drinking Fountain Movement"—a new and exceedingly important item of social, economical and moral improvement in the cities of England. Several papers on the subject of "Factory Laborers," "Factory Workers,"—its physical and moral effects, &c. Several papers on "Mechanics' Institutes,"—"Savings Banks," and "Benefit Societies"—"On Strikes," and the "Relations of Employers and the Employed." &c. &c.

In the above sketch only a few of the many papers—several hundred—presented, are given, but they will serve to give an impression of the wide range and interesting character of the subjects introduced; and as this letter has already extended to such a length I shall not attempt to give a special account of any one of them. I will only give some general impressions, which my week's observations left upon my mind.

I was struck with the zeal and ability manifested in most of the papers and discussions. A large number of able, thoughtful, conscientious and benevolent men are zealously at work, informing themselves and enlightening the public on these great questions of such vital importance to the welfare of any people; and for the most part, they are men of such position as will arrest public attention and make their opinions felt.

I was also struck with the enlightened, advancing, progressive views generally manifested. There was no wild, dashing go-a-head movement, regardless of consequences—a careful consideration of circumstances, and a weighing of results, probable and possible were manifest; the element of conservatism was largely mingled with progression; and while the steam was up, the breaks were under control—often pretty firmly down—but the train moved on—slowly, hesitatingly it may be, but it moved, and in the right direction. It is true there were here the representatives of the most progressive portions of the nation generally recognized as safe and substantial persons. The extreme Radicals in politics were not here; but there were the most enlightened and progressive persons of moderate parties. Old Fogysm, for the most part, stayed at home, or went fox hunting, or mused on the good *old* times when there were no strikes, and no clatter about reform bills, and suffrage, and education, or any such nonsense:—and when each was content to remain (as too many are still) “in the position of life,” as the cant is, “in which God had placed them.” But the representatives of the great moral power of the country were here, and the sight was one of the deepest interest, and withal most hopeful for humanity.

Again, as to minor matters, I could but notice the courtesy and gentlemanly bearing of the speakers towards each other. They dealt more in compliments than American debaters are wont to do, and less in severity towards, and denunciation of opponents. They “ventured to state,” and “begged leave to suggest,” and “almost thought; in fact, on the whole, felt quite confident.” “While they agreed with most that the noble Lord, or Right Hon. Gentlemen, or their Rev. or Hon. friend had so able said,” they were “obliged to question” so and so. Now all this may seem a trifling affair not worthy of being recorded, but yet soft words turn away wrath now as well as in the time of Solomon, and have a marvelous tendency to cultivate that charity which covereth a multitude of imperfections. There are doubtless occasions when denunciations may be called for, but they do not occur among gentlemen, where all parties are honestly seeking after truth; and amenities of manners beget kindness of feeling. “Grievous words,” do little else than “stir up anger.” They certainly neither con-

vince or persuade, which are the more legitimate objects of debate.

Now as to their relative position here, compared with our own country—(I speak of Michigan and other states in which I have lived, and with which I am more especially acquainted)—in respect to the different departments of reform, into which the Association is divided, allow me a word. In regard to Jurisprudence, I may not be qualified to judge with accuracy, but the impression on my mind left by the papers and debates is, that in very many particulars England is decidedly behind us. We should indeed be very culpable if we were not in advance of them, especially in the new states, as we have the advantages of all their experience, without having their prejudices and customs; without having old tares so mixed up with the wheat that in pulling up the tares the wheat might be endangered. However, the weeding is going on—gradually but surely, and the time, it is to be hoped, is not far distant when a transfer of a piece of the soil may be made for a sum less than would be sufficient to purchase a good farm in America. Such is not now the case. I speak of the expense of procuring the title, independent of the purchase money, which in very many cases, is as high as £300, or \$1500!

In the department of Education—*Popular Education*—we are vastly in advance of our old Mother, and she has come to know it pretty well. We are greatly in advance in our system and in our execution—in our theory and in our practical results. I have not time or space now to dwell on this subject; but of the fact there can be no doubt, and they are here beginning to look to us as an example and a guide. Of this we have reason to be proud, but more especially, to be thankful for circumstances which have contributed to such a glorious result. The more I have seen in Europe on this subject, the more am I impressed with the excellency, I think I may say, the *unrivalled* excellency of the educational *system* of our own State of Michigan. I do not speak of the fruit, this may and *must be* much farther ripened. But the system is the most complete—the tree is the most perfect species that I have seen.

In regard to the other departments—the Public Health, to Punishment and Crime, and to Social Economy, I can not

speaking so flatteringly to the pride of my own country. In some particulars we are superior no doubt, while in others we are inferior in a decided degree. We are much inferior in Sanitary Statistics, which are the true foundation of Sanitary Science—and though we ventilate our hospitals and asylums better, we do not our private dwellings as well, as do the well-to-do classes here. And our people, especially our women, among what are called the higher ranks, do not compare in health and physical development with the women of the higher classes in England.

The English woman walks more, and rides more, and breathes more, than the American. She is consequently stronger, and firmer, and more enduring.

During the course of the meeting, I had an opportunity, in the second section, to give some account of the educational system of Michigan, and its operation in diffusing the blessings of knowledge among the people, and the *whole* people—the facts being received with very flattering attention. I also had an opportunity of urging upon the section of Health, the importance of having physicians keep a record of their cases of disease in private, as well as public practice, and of pointing out some of the benefits that would result; and at another session, of speaking on the subject of the American system of ventilating and warming public buildings, and of expressing my surprise at finding some of the most famous of their great institutions, heated, so far as heating related to ventilation, in the very worst manner possible.

On the subject of the restriction of the sale of alcoholic drinks, which occupied a large share of the time and attention of the section on Crime and Punishment, I endeavored to say a few words of encouragement and caution.

On the whole I can not say that I have spent a more interesting and profitable week than the past. I have seen a greater number of the leading men of the nation, and learned more of them—of their views, their feelings, and their abilities—and more of the institutions, their condition, and tendencies than I could by ordinary travel and inquiry in months.

In the Science and Art of Agriculture, England and Scotland are in advance of any other country on the face of the earth. In Manufactures, on the whole, the same is true. The defects in

other respects still existing, are beginning more fully to be appreciated, and systematic and vigorous efforts are being made to correct them. There are still great obstructions in the way; mountains of ignorance, and prejudice, and vicious habit; but the force being brought to bear on these obstructions is immense also; and I can not doubt that ultimately they will be overcome. The valleys shall be raised, the mountains leveled, and the crooked ways shall be made straight. By an increase of knowledge, of refinement and of means among the masses, the great distinctions in society, now felt and acknowledged, and freely spoken of by all, will gradually melt away, and an approximation to equality will at length be enjoyed. This is the tendency, and to this will efforts be ere long more specifically directed.

When I write to you again, the waters of the Atlantic will not, I hope, divide us, but I shall continue to describe some of the things I have seen here. I can now promise you there will be no more "National Associations" to take up so much time and space.

Yours, very truly,

A. B. P.

Selected Articles, Abstracts, &c.

On the Effects of the Use of Alcoholic Liquors in Tubercular Disease, or in Constitutions Predisposed to such Disease.

In July last, the premium of two hundred dollars, offered by the Trustees of the Fiske Fund, for the best dissertation on the above subject, was awarded to Dr. JOHN BELL of New York. If Dr. BELL has not succeeded in establishing his conclusions in regard to the reputed therapeutic or prophylactic virtues of alcohol "in tubercular disease or in constitutions predisposed to such disease," to the entire satisfaction of the Profession, he has at least presented some valuable information, drawn as far as possible from statistics, which must have the effect of inducing every conscientious medical reader of his essay to pause and carefully review the testimony for and against the use of alcohol in tubercular affections.

That the treatment of consumption will remain more or less empirical, or rather experimental, until we know more of its essential nature, is probably true, but to countenance the use of an agent already far too popular in many respects, on a mere assumption of its value as an anti-tubercular remedy—an assumption apparently founded on vague theories and immature clinical deductions—will neither subserve the cause of science or of humanity.

At no remote period the opinion was quite prevalent that the free use of alcoholic liquors not only prevented the formation of tubercles, but exerted an influence decidedly curative in phthisis; and this opinion is still entertained in certain quarters, as will appear in the sequel, although the general popularity of the remedy is evidently on the wane. If alcohol possesses but a tithe of the virtue attributed to it for the prevention and cure of consumption, it is remarkable that its advocates have furnished the public with but little evidence of the fact beyond mere assertion. Dr. BELL remarks:

"After a careful examination of the leading medical journals of this country and the foreign ones which circulate here, I am able to present only the following instances where anything has been said of sufficient importance to be likely to give a direction to the senti-

ment of the profession: In the *New England Quarterly Journal of Medicine and Surgery* for 1843, Dr. JACKSON has given the results of the autopsies of thirty-five persons who were known to have been intemperate; in these, tubercles were found in the lungs in five cases. He infers, therefore, that the use of alcohol is advantageous so far as liability to phthisis is concerned. In the *New York Journal of Medicine and Surgery* for 1844, Dr. PETERS has given the results of about seventy autopsies of persons of similar habits; from the appearance of the lungs he draws the same conclusions, as to the effects of alcohol, that Dr. JACKSON does. In both these papers, these inferences are only incidental to the main subject.

In the *Nashville Journal of Medicine and Surgery* for 1856, is an essay by Dr. WASHINGTON, in which the author theorizes that phthisis has its origin in deficient respiratory action, and that the use of alcohol will overcome the defect by causing a more rapid breathing. In the *Buffalo Medical and Surgical Journal* of the same year is a short essay in which the writer gives his opinion in favor of the use of alcohol in phthisis. One or two cases are also related in which recovery from that disease occurred under its use. Various other agents, however, were used together with the alcohol.

Two theories as to the causes of the deposition of tubercle on the lungs, from each of which the utility of alcohol as a therapeutic agent has been inferred, have been extensively circulated in the medical journals. The first of these is a chemical one. It supposes that the tissues of the body, and particularly of the lungs, are too rapidly oxidized, and, accordingly, that alcohol, like cod liver oil, might supply the fuel for this abnormal combustion, and thus prevent a continual waste, if not supply material itself. The other theory is a mechanical one, and attributes the origin of tubercle to a deficient circulation of the blood, and a consequent retrograde metamorphosis of the tissues. In this hypothesis, too, alcohol is the remedy, by increasing the action of the heart. These theories are mentioned here, because I regard them as having assisted in giving currency to the prevailing opinion. Besides these instances, where something like argument is adduced in favor of the opinion, there are numerous other instances where the belief is avowed without any attempt being made to support it. It will be observed that very little positive proof has been offered to the public as yet on the question."

In regard to the results of the autopsies presented by Drs. JACKSON and PETERS, Dr. BELL has shown from counter-statistics the fallacy of the deductions drawn from their cases. On this point, he says:

"Suppose, for an instant, that the influence of alcohol were favorable on those predisposed to the disease, and also, that its therapeutic effects were valuable. In a person continually using it, it is

difficult to see how tubercle could gain any foothold. For then the remedy would be on the spot, at the moment when the malady was commencing, and was, consequently, in the circumstances most favorable for cure. Yet cases of phthisis, under such circumstances, continually occur in the observation of every one; and in those related in this essay, they occurred more often than among the temperate. Among the lower classes of this city, the statistics already given, show that more than half, (36 against 31), use alcohol throughout the disease, probably to at least as great an extent, as it would ever be recommended as a medicine. And this is more marked among the males, more than four-fifths using it. Yet the deaths from this disease here, among the males, are regularly more numerous than among the females. I should not, probably, overstate the facts if I said that of the 1,500 males dying of phthisis each year in New York, 1,000 were attacked with the disease in spite of the reputed prophylactic virtues of alcohol, and died of it in spite of its vaunted curative powers."

After detailing the effects of a regular and moderate use of alcohol in several cases of phthisis, selected for that purpose at the Eastern Dispensary, Dr. BELL, in view of the whole subject, regards the following conclusions as probably true:

1. The opinion so largely prevailing as to the effects of the use of alcoholic liquors, viz., that they have a marked influence in preventing the deposition of tubercle, is destitute of any solid foundation.

2. On the contrary their use appears rather to predispose to tubercular deposition.

3. Where tubercle already exists alcohol has no obvious effect in modifying the usual course run by that substance.

4. Neither does it mitigate, in any considerable degree, the morbid effects of tubercle upon the system, in any stage of the disease.

On the other side of the question we have the testimony of Prof. WOOD of Philadelphia presented as follows, in his late work on *Therapeutics and Pharmacology*.

"Nature while planting in so large a proportion of the human family a disposition to scrofulous or tuberculous complaints seems to have provided in the fermented liquors, what, if properly used, may be considered as in some degree a counteracting agent. Physicians have often noticed that drunkards seldom die of phthisis. In this respect my own observation coincides with that of others. During my tour of hospital duty in the winter I met with great numbers, both of drunkards and of tuberculous individuals; but it is very seldom that the two classes coincide. This is a singular fact, and not exactly what might have been anticipated; for the tuberculous constitution belongs to the same cachectic category with that which gives a tendency to fatty degeneration, cirrhosis of the liver, granular disease of the kidney, &c.,

and is not unfrequently associated with it. *A priori*, it would have been imagined that the exhausted state of general health, characterizing the advanced stages of intemperance would favor tuberculous deposition; and the discovery of the opposite truth has been something like a surprise to the profession. This result of observation has been singularly confirmed by recent pathologico-anatomical investigations. Out of 117 cases of confirmed drunkards whose bodies were examined after death by Dr. OGSTEN, there were only two who exhibited any evidence of tubercular disease of the lungs (*Brit. and For. Med. Chir. Rev.*, April and Oct. 1854). In the same number of temperate persons, of different sexes and ages, examined after death from other causes the same result would certainly not have been obtained. How alcoholism acts adversely to the development of tubercle may be conjectured, but is not certainly known."

Almost the only allusion to this subject that we have noticed in the recent medical journals, appears in the Review Department of the *American Journ. of the Med. Sciences* for October. The late work of Drs. COTTON and RICHARDSON on consumption being under consideration, the reviewer says:

"If there be any article in the *materia medica* which may be considered as in any measure specially efficacious, that is, exerting a remedial effect on the morbid condition or cachexia on which the deposit of tubercle depends, we believe it to be alcohol. The effects of the abuse of alcohol, terrible as these are, since they involve destruction of the mental and moral, as well as the physical constitution, are antagonistical to the deposit of tubercle; and clinical experience shows a decided influence of alcohol as a remedy in arresting and retarding tuberculous disease. The extent of this influence, and the circumstances which in individual cases on the one hand favor, and on the other hand obstruct it are yet to be determined."

Most of the writers who urge the claims of alcohol in the morbid condition in question, speak also in deprecating terms of the danger of intemperance from the habitual use of liquors containing alcohol, even when these are prescribed by physicians. Professor WOOD especially, while recommending fermented liquors as less dangerous in this respect than any one of the forms of ardent spirit, deems it his duty to add some strong words of caution which do honor to his head and heart.

If then, it is admitted that medical endorsement may sanction the habitual use of fermented or distilled liquors, and thus aid the formation of habits of intemperance and confirmed drunkenness, it is assuredly time to inquire whether those agents really possess the prophylactic and curative powers attributed to them by some eminent physicians whose opinions we have usually regarded with respect.

It is well known that Alcoholic and especially Fermented Liquors have been long used as stimulants and tonics in enfeebled conditions

of the economy, but the idea that these agents exert a special or specific action—a something indescribable, and beyond a merely stimulating and tonic effect—which give them a power in direct antagonism to phthisis and its essential cause is, we believe, comparatively modern, and probably originated in the “surprise,” as expressed by Dr. WOOD, at the results of the autopsies given by JACKSON, PETERS and OGSTEN, of drunkards, and their apparent immunity from tubercle.

Without regard to the important question, whether the autopsies referred to actually represented the pathological state of the aggregate of drunkards throughout the country, the proof afforded by these autopsies being, as we are informed, in accordance with preconceived opinion, was deemed conclusive; and hence the practical deduction—if drunkards are generally exempt from consumption, the agent used to produce drunkenness must be the remedy for the antecedent cachexia upon which consumption depends.

We believe that this conclusion is deceptive, even though the facts upon which it is founded were true, and may lead to erroneous and exceedingly mischievous practice. It is not unfrequently the case that mere anatomico-pathological demonstrations, like lamps in sepulchres, gleam over the dead, but give no certain light to the living.

That intemperate persons are not necessarily exempt from phthisis, is well known; and even though we admit that they are more liable to die of some other disease than consumption, the mere substitution of one fatal malady for another, certainly does not prove that Alcohol is protective or medicinal, but rather that it is destructive. Examinations after death have shown that fatal lesions, the unquestionable product of alcoholic liquors, are almost invariably found in the bodies of intemperate persons. Now, if we could maintain an equally continuous determination to the ordinary seats of those lesions—the brain, heart, liver, kidneys, &c.—and produce corresponding changes in these important organs by any other means than Alcohol, who can say that the lungs would not be similarly protected. Alcohol may indeed, in certain cases, neutralize or suspend the morbid condition upon which the deposition of tubercle in the lungs depends by the exercise of an agency equally as fatal to other organs, and to the whole economy in the end.

Dr. BELL does not allude to OGSTON's autopsies, quoted by Dr. WOOD, but gives, as already stated, counter-statistics to disprove the conclusions of JACKSON and PETERS. Among these, he refers to a paper embraced in the Report of the London Statistical Society for 1851, by M. NEISON, the actuary of a London Insurance Company, who has given the results of the autopsies of 357 intemperate persons. Dr. B. says:

“The diseases of which the 357 intemperate persons died are also given. Of these, 40 died of phthisis, and 3 others of hæmoptysis,

Selected Articles, Abstracts, &c.

who should, probably, be classed with them. These cases were reported to him by various physicians, and therefore represent, probably, with considerable accuracy the diseases of which they really died."

The following table includes the reported autopsies referred to by Prof. WOOD, and those also commented upon by Dr. BELL.

<i>Autopsies of Drunkards.</i>		<i>Phthisis.</i>
Reported by Jackson . .	35	5
Peters . . .	70	
Ogston . .	117	2
Neisen . .	357	40
<hr/>		<hr/>
479		47

The tubercular disease discovered in OGSTON'S cases is not regarded by him as the cause of death. JACKSON found tubercles in the lungs in five persons, but only two of them died of phthisis. PETERS reports "the results of the autopsies of '*nearly seventy*' persons dying suddenly, or *found dead in the streets* who were intemperate." Dr. BELL justly remarks, "As there were many of them instances of persons found dead in the streets, in these cases it would seem to be difficult to substantiate the fact of intemperance with certainty." He might have added also that the expression "nearly seventy" is vague and indefinite. Be this as it may, for the present, we will admit there were just seventy, and that they were all intemperate, and then, if from the whole number of instances of phthisis presented in the above table we deduct three from JACKSON'S figures and two from OGSTON'S, we still have forty-two deaths from consumption, or nearly one-eleventh in a list of autopsies of four hundred and seventy-nine drunkards or "intemperate persons."

Making due allowance for errors, we have in the above table ample ground for questioning, if not for absolutely denying, the assumed fact that drunkards are less liable to die of phthisis than temperate persons. On the contrary, we believe, with Dr. BELL, that general statistics, as far as these are attainable, will show that any given number of intemperate persons are more liable to die of phthisis than an equal number of temperate persons of similar, or nearly similar ages as the intemperate.

In view of the facts above prescribed, we can draw no legitimate inferences from pathological anatomy in support of the opinion that alcohol is capable of exerting a prophylactic or curative influence in tubercular disease or in constitutions predisposed to such disease.

We must therefore leave this branch of the subject, and proceed to inquire, Where is the evidence "that clinical experience shows a decided influence of alcohol as a remedy in arresting or retarding tuberculosis?"

In this important inquiry we ask for proof of the efficacy of this agent equal at least in certainty to the danger of recommending its habitual employment. Mere opinions and theories, no matter with what show of authority presented, will not answer the inquiry. We want the facts upon which the opinions and theories are founded, in order that we may draw our own conclusions.

Under the sanction of medical authority, thousands of persons predisposed to, or already affected with, tubercular disease, have been subjected to the influence of Alcohol for consecutive months or even years. After such long and varied experience it might be supposed that the annals of medicine would furnish numerous and well authenticated facts to answer a question so important as the one proposed. Notwithstanding this supposition, if there are cases on record which prove, in a clear and satisfactory manner, that Alcohol, even in a single instance, prevented the final deposition of tubercle or cured a person laboring under developed tuberculosis, it has not been our fortune to meet with the record.

In all the reported instances of presumed benefit from the use of alcohol, other remedies—as cod-liver oil, iodine, quinine, morphine, iron, wild cherry bark, &c.—were administered at the same time, and a rational hygienic course, suggested by an improved pathology, was generally pursued, to which the benefit might, with equal or more propriety, have been attributed. Even when the fermented liquors were used, the nutritive and tonic properties existing in these, in spite of the alcohol, have frequently been ignored, and the credit given mainly to the alcoholic element, under the supposition that this agent mysteriously counteracted the malign influence of the tubercular condition.

ANTI-LACTISCENT PROPERTIES OF COMPRESSED SPONGE.

In the *New York Journal of Medicine* for November, Dr. STEWART, of Peekskill, N. Y., recommends the application of compressed sponge to the breast to prevent the secretion of milk after confinement, should the condition of the gland require such treatment. He gives a case in which the application arrested the secretion of milk in the left breast while in the uncompressed right breast the milk was secreted as usual. "The sponge was applied the day after the confinement and continued about two weeks, and up to the present time, some four months, no milk has appeared in her breast."

The Medical College at Bombay has forty-four students, of whom twenty-six are Parsees, ten Hindoos, two Borahs, four Portuguese, one Mussulman, and one Christian. The course of study is similar to that of European schools, but is said to be longer and more complete.

[*Med. Reporter.*

Pharmaceutical Department.

On Syrup of Tar. By Thomas A. Lancaster.

A reliable process for preparing syrup of tar has long been a desideratum.

The preparation now in use, "Tar Beer," is an excellent one when freshly prepared, but by keeping is more or less subject to decompose and become unpleasant and disagreeable to the taste, acquiring a rank odor and partially losing its medical properties.

This consideration led me to compile a formula as follows:

℞ Tincturæ Picis Liquidæ,	℥ ij.
Magnesiae Carbonatis,	℥ j. or q. s.
Sacchari Albi,	℔ j. av.
Aquæ Fontanæ,	a sufficient quantity.

Rub the tincture first thoroughly with the magnesia, and then add half a pint of the water gradually, transfer to a filter, and when the liquid ceases to pass add more water till it measures half a pint; then to the filtered liquid add the sugar, and by means of a gentle heat convert it into a syrup.

By the above means, the pitch contained in the tincture is retained in the filter along with the magnesia, whilst the filtrate affords a syrup, by the addition of sugar, of a beautiful rich straw color, being agreeable and palatable in its taste, and advantageously adapted to the most severe cases of chronic, catarrhal and bronchial affections.

In offering this formula to pharmacutists, it is with a hope that it may induce those having a demand for a reliable article to prepare it for themselves, and to attempt further improvements in the mode of preparation, as it will be seen to possess the merit of cheapness, and may be accomplished without unnecessary trouble.

The essence or tincture of tar, as found in the shops, was of no definite strength, but according to various samples, was found of the following average: two ounces of tar to one pint of rectified alcohol.

[*Am. Jour. Pharmacy.*]

Commercial Chloric Ether. By William Procter, Jr.

It is a source of some inconvenience to apothecaries to know what is intended by the physician when "Chloric Ether" is prescribed. On turning to the United States Dispensatory, it informs us that a mixture of one part of Chloroform and two parts of nearly absolute alcohol is called "Strong Chloric Ether," by Dr. Warren, of Boston, and used for inhalation, and that in London, and elsewhere, a weak tincture of Chloroform is sold under the name of Chloric Ether, varying in strength from 5 or 6 to 16 or 18 per cent. Dr. Thompson originally gave the name of "Chloric Ether" to the Dutch liquid ($C^4 H^4 Cl^2$). In the commerce of this coun-

try, there is a preparation that goes by the name of Chloric Ether, consisting wholly or chiefly of chloroform and alcohol, which, when mixed with water, does not separate. On inquiring of Mr. William Weightman (of Powers & Weightman) what the article prepared by them under this name was, he stated that their firm had prepared it as they sold it for more than twenty-five years, since soon after Mr. Guthrie's discovery of chloroform, which he called Chloric Ether. The preparation sold by them is obtained by distilling together chloride of lime, alcohol and water, in the proportion of 8 lbs. *av.* of chloride of lime, to a gallon of alcohol, and a suitable quantity of water, and distilling a gallon of the "Chloric Ether." As chloride of lime, on the average, yields from 6 to 8 per cent of chloroform, it is fair to infer that this preparation does not contain more than 8 per cent of that substance. It has the following properties: It is colorless, has an agreeable weak odor of chloroform, a sweet spicy taste of chloroform with a cooling after impression somewhat like that of peppermint. Its specific gravity is 892. When mixed with water in the proportion of 1 to 20 it is at first cloudy, and almost instantly becomes clear, with but little if any separation of chloroform. It is this latter property that has caused it to be preferred by some practitioners. That the proportion of chloroform in this preparation varies is quite certain, as Mr. Weightman states that it is not always of such composition as to mix with water without precipitation. It is quite inflammable, and burns with a yellowish flame, tinged with bluish green. When two fluid drachms of chloroform and 15 fluid drachms of alcohol, (95 per cent.) are mixed, the mixture has a specific gravity approximating closely to that of the above "Chloric Ether." Such a mixture contains about 16 per cent. of chloroform, and when added to water is instantly precipitated. Whether the specific gravity of the commercial article is due partly to water, or whether the chloroform is so intimately combined with the alcohol in the process of making, as to render the mixture stable in the presence of water, has not been determined, but there is a marked difference in the behavior of the liquids with an access of water.

[*Am. Jour. Pharmacy.*]

Eighth Annual Meeting of the Mich. State Medical Society,

The Eighth Annual Meeting of the Michigan State Medical Society will be held at Coldwater on the third Wednesday of January (18th), commencing at 10 o'clock A.M.

E. P. CHRISTIAN, *Sec.*

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ART. XXXIX.—Puerperal Fever and Erysipelas.

BY C. RYND, M. D.

MANY of the phenomena connected with *puerperal fever* are enshrouded in mystery. Thick darkness covers the subject, and all our experience and theorizing have been fruitless in rendering it as clear as could be wished. Many of our best practitioners differ in respect to its nature, the manner of its propagation, cause, treatment, &c. One holds it to be contagious, another, non-contagious. One holds it to be a local disease, another, a general disease. By some it is held to be inflammatory, by others typhoid.

It will thus be seen that we are very far, as a profession, from having any *fixed* or *definite* notions in reference to this fearful malady. But it is by honorable and fair discussion that we arrive at truth, and *truth* is useful everywhere;—just what we want in medicine.

Faithful *Reports* of disease as it may occur, either in its sporadic, endemic or epidemic forms, and the interchange of professional opinions, have a direct tendency to give us the *pure truth* and thus elevate our Professional Literature. On this matter very many members of the Profession are moving in the right direction, and are taking just such means to elevate their practice and literature as have been taken by true philosophers for the advancement of other Departments. The philanthropic object of diffusing such knowledge as may be acquired in practice, and thus adding to the great store-house of medical facts, is contemplated.

On this principle, we communicate the following paper, which we trust will not be wholly without interest.

CASE I. — Mrs. S., aged 33, advanced about six months in her fourth pregnancy, called upon me for medical advice, on August 25th, 1859. I found slight gastric derangement, for which I prescribed a moderate dose of hyd. cum creta, to be followed by a laxative dose of oil. Her health improved after this and remained good till the morning of September 15th, when, it would appear, the symptoms of premature labor set in.

(It may be proper to remark in this place, that her husband, a merchant, to whom she was devotedly attached, had been treated by me in the mean time for a severe attack of *cynanche tonsillaris*, and her mental agony during this time may be more easily imagined than described.)

A female obstetrician was called in, who attended her, and in a day or two all alarming symptoms passed off, and she was again able to attend to her usual business.

Sept. 19th. Symptoms again set in which were thought sufficiently decided to call for the attendance of her female friend. But the threatenings on this occasion were not so easily dispelled, and on the morning of the 20th, I was

called in. I found that the os uteri was considerably dilated, and that [the head of the child was in such a position as rendered premature labor inevitable.]

I remained in attendance part of the day, during which very little progress was made. In the evening I considered it advisable to administer half a grain of morphine, which produced refreshing sleep, after which we had a renewed effort of nature—*bearing down pains*—and the child was almost immediately expelled, as was also the placenta, and we had reason to hope for a speedy convalescence. This was on the morning of September 21st.

A case of dangerous *epistaxis* occurred in the country, to which I was called, which prevented my seeing Mrs. S. until next day.

Sept. 22nd. Called on the evening of this day to see my patient, and found her in a very happy condition, so far as her own feelings were concerned, but had reason of suspect, from slight incoherency of talk, and suffusion to the eyes, &c., incipient delirium. I made the most particular enquiries in reference to her condition, and was assured by both patient and nurse, that “all was right.”

I expressed my fears to the husband on leaving, and desired him to send for me if any untoward symptoms presented. In about two hours after I was aroused by a messenger who told me she was *delirious*. On my arrival I made the fullest investigation and found that my officious female friend—a mass of obstetrical ignorance—had sagely concluded, during the previous day, that the normal discharge was too profuse, and had, to remedy such a great evil under the sun, applied cold to such an extent as to cause a *total suppression*.

It would seem, therefore, that this was *the cause* of all the subsequent morbid phenomena.

We resorted to fomentations to the abdomen, warm napkins to the vulva, &c., which restored the normal dis-

charge in about two hours from our arrival. At this juncture the symptoms of delirium disappeared and the peritoneal symptoms—acute pain and tenderness, followed by tympanitis—became abundantly conspicuous.

I called in Dr. Ford of St. Mary's, C. W., who assisted in the management of the case, but all our efforts were unavailing,—she departed this life on Sept. 24th, a *victim*, as I supposed, to non-professional ignorance.

CASE II.—Sept. 24th. Mrs. R., aged 23, was this day confined of her second child. She was attended by the aforesaid female obstetrician. The labor was natural and easy, and convalescence was progressing favorably till Sept. 26th, when she, too, was attacked of puerperal fever. I was called in on the following morning, and, in conjunction with Dr. Ford, made every effort to save her life but all to no purpose. She died on Sept. 30th.

CASE III.—October 12th, was called in to attend Mrs. C., aged 38, this morning. This was her tenth confinement. I told her husband, before going, that I had some fears as to the contagious character of the disease which had prevailed, and advised him to employ somebody else. He insisted, and said he would “run all risks,” which decided me. I found her in the *first stage* of labor, and although rather tedious, yet all went on favorably, and she was delivered of a healthy child at 11, P. M., of the same day. I remained about three hours after the labor had terminated, least any unfavorable circumstance should transpire, and made a second visit on the 14th, when we found her very nicely and in good spirits. She was attacked of peritonitis on the evening of 15th, and, in my absence, another practitioner was called in, who treated the case until death ended her sufferings on the evening of October 17th. Here were three victims.

In all these cases the symptoms of *peritoneal inflammation* were very decided; tongue coated with a thick

whitish coat which became brown ; urgent thirst ; countenance flushed in the early stages ; pulse rapid (140 on an average) and feeble, great tendency to sink under the pressure of the morbid condition—in fact, the condition became imminently typhoid. In all these cases, too, the lochia was present during the whole course of the disease. Death was preceded by a muttering delirium. Respiration, too, was hurried and laborious, during the latter part of the illness, more particularly, and the surface was bathed in a cold, clammy perspiration.

The *treatment* adopted was such as was calculated to subdue the local inflammation and support the system. Hop fomentations were applied to the abdomen, alternated with light linseed cataplasms which were saturated with oil of turpentine. This seemed in every instance to give marked relief.

Internally we used calomel with some preparation of opium, sweet spirits of nitre, carbonate of ammonia, wine, wine-whey, turpentine, castor oil, &c., varied so as to meet indications. The most marked cleanliness was adopted in every case and the mental condition of the patients supported as well as the circumstances would admit.

Shortly after this I was called to attend on some other obstetrical cases but stoutly refused, and advised that a strict quarantine should be instituted ; that all persons who had attended, or even seen any of the other patients should be excluded, and that medical men should be employed who had not seen any of the puerperal patients. This system was carried out,—strictly adhered to in every case—and the disease disappeared from among us. We had not another case. It may not be amiss to state, that in subsequent cases the morbid condition was anticipated, and the patients were put upon tonic treatment shortly after delivery. One physician, particularly, administered about a pint of wine every twenty-four

hours, together with quinine, essence of beef, &c., and in every instance had a speedy convalescence.

The three fatal cases were all within a circle, the diameter of which was about one and a-half miles, and the lying-in cases which occurred subsequently without exhibiting puerperal symptoms were in the immediate vicinity—one was within four hundred yards of the house in which "Case 1" occurred.

In connection with this history of puerperal fever I shall give an account of three cases of *Erysipelatous Inflammation* of a very violent character, and the circumstance of their occurring, either *exhibits the relation existing between puerperal fever and erysipelas*, or else is involved in great mystery.

September 27th 1859. Was summoned to the bedside of Miss F., found her suffering from a severe attack of *erysipelas phlegmonodes*, affecting both legs, but one in particular was in a wretched condition. She had for several years been a resident in the house of "Case 1," and was living there at the time of the death of Mrs. S. The disease, as we have said, was of an alarming character, continued for several weeks, but was controlled by remedial measures—She recovered.

This young lady had enjoyed excellent health up to this time, and had not been exposed to any morbid condition capable of influencing her, save "Case 1."

About two or three days after the death of Mrs. C., (Case 3,) her husband was attacked of erysipelas, affecting the face and scalp. He had always been a very robust man, and, up to this time, enjoyed excellent health. He was much prostrated by the disease, but ultimately recovered.

About the same time a child belonging to a neighboring family was attacked of erysipelas. It commenced in the left foot, spread rapidly up the limb, and thence

to the body. This child was about ten months old and had enjoyed good health previous to this time. The mother of the child had been an assistant at the house of Mrs. C. (Case 3) at her confinement and, in all probability, carried the poison on her person and communicated this disease to her babe. The mother of the child was a remarkably healthy person. The child was restored to health in about ten days, although the disease had well nigh produced fatal effects.

The *treatment* I resorted to in all these erysipetatus cases was *supporting* — tonic remedies were indispensable. Indeed the tendency was to a typhoid condition and the most strenuous efforts were necessary to ward off the evil consequences.

Now the question is, “*was the morbid condition known as puerperal fever propagated by contagion?*”

Here we had *three cases* of the most marked kind — no mistake about it. *There had never been a case of puerperal fever in that region of country before*, so far as my information extends. The locality was remarkably healthy, and the victims, without a single exception, were persons of good constitution. In the first case we had *a cause*, which was considered by all the medical men in that locality as *the cause*. In the other cases we had no appreciable material cause, and except we admit the contagious character of the disease we are altogether in the dark on the matter. Besides, just as soon as the usual precautions of the contagionist were adopted, just so soon the disease disappears from our midst.

Again, *what relationship exists between puerperal fever and erysipelas?* Can the scientific physician rest satisfied by inferring that the erysipelatus inflammation in these cases had no connection with the puerperal endemic?

Or, is it not more reasonable to conclude, that *owing to some deleterious poison entering the blood and modify-*

ing its crisis we have puerperal fever produced in lying-in patients and erysipelas in other persons?

Now, we are aware that a large number of instances are required in medicine to establish any particular rule; but yet, we think, from a few cases which are unmistakable, and the phenomena of which present clearly to our view, we are warranted in forming pretty definite opinions. We conclude.

First: The *first case* of puerperal fever originated in a vitiation of the fluids caused by a suppression of the the lochia.

Second: The *second and third cases* of puerperal fever were caused by contagion, which was carried by the respective attendants.

Third: It is probable that the disease was arrested by the strict regulations enforced, as detailed in this paper.

Fourth: The legitimate inference is, that the *endemic of erysipelas* was caused by the morbid material which emanated from the puerperal patients, entering the blood of other persons, and there producing all the phenomena of erysipelas;—let it be remembered that no communication existed between any of the erysipelatous patients.

Fifth: The essential pathological condition, in both puerperal fever and erysipelas, is a deterioration of the fluids of the body.

ADRIAN, December, 1859.

ART. XL.—Anaesthesia during Sleep.

By J. H. BEECH, M. D.

Notwithstanding the doubt entertained by distinguished members of the "Buffalo Medical Association," in re-

gard to inducing anæsthesia by chloroform, without waking a sleeping patient, we beg leave to offer an instance from two or three which we think were clearly defined. We trust that the accompanying description of the method used will, when necessary, satisfy others that we do not relate an impossible "fact."

Just at twilight, March 2d, 1858, we were summoned to the house of Rev. R. S. Goodman, (Parson of the Presbyterian Church in this village,) to remove a kernel of corn from the nose of his son, a restive lad $3\frac{1}{4}$ years of age. Some ineffectual efforts had been made by the parents to extricate the kernel, and while the father was absent for me, the mother had succeeded in getting the boy to sleep. On my arrival, I made two attempts to pass the limbs of "strabismus forceps" into the nostril, but the instant they touched the *pili* about the nostril, the head flew right or left, warning us not to proceed in in that manner.

The sponge of a LUER'S inhaler was then charged with chloroform and brought to the face, but could not be got near enough to effect our object without as prompt gestures as before. I now took the sponge from the "inhaler," (or a pledget of cotton about as large as a filbert moistened with chloroform, I do not remember which in this case, for I have used both articles in such instances) and holding it in my fingers as close to the nose and mouth as possible without touching, during inspiration, turned it aside when each expiration began, and by such alternate motion, succeeded in influencing the patient so far that the breathing indicated more profound sleep. The "inhaler" was now applied to the face with a damp cloth around the edge to supply the difference in the size of the face of a child, and that of an adult for whom the instrument was made. Complete anæsthesia was immediately induced as indicated by stertorous breathing.

The "strabismus forceps" was now introduced without the least motion of the child, and the corn removed.

After waiting until the breathing became natural, we directed the boy to be put in bed as usual, and not disturbed unless unnatural symptoms appeared, and left. We were informed, that he awoke at his usual hour in the morning, raised himself in bed, put his finger to the unfortunate nostril, and asked, "Ma, is that *torn* in my nose." Persons sleeping will be sooner awakened by any article which resists the current of expiration, or turns it upon the face, than by offensive odors inhaled. It is, therefore, important to turn aside the substance containing the anæsthetic during expiration, and by the method described we have succeeded in other cases as well as the above.

COLDWATER, Mich., Dec. 12, 1859.

ART. XLI.—Meteorological Register for Month of December.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42°24' N.; and Longitude, 82°58' W. of Greenwich.

Date	Barometer.			Thermometer Hygrometer			Force of Vapor in Inches			Relative Humidity			Winds—Direction and Force.				Snow.		
	7 A.M.	2 P.M.	9 P.M.	7	2	9	7 A.M.	2 P.M.	9 P.M.	7	2	9	7 A.M.	2 P.M.	9 P.M.	BEGAN.	ENDED.	MELTED	INCHES
1	29.28	29.36	29.48	58.60	33.56	57.31	.422	.426	.451	.87	.82	.80	S.W.	3 W.	3 S.E.	1.30 a.m.	5.20 p.m.	.17	3.00
2	29.58	29.72	29.81	24.22	16.22	20.14	.095	.085	.059	.73	.72	.65	S.E.	3 E.	3 S.E.	6.45 a.m.	11 p.m.	.04	.20
3	30.00	29.92	29.80	14.19	15.12	17.13	.052	.071	.056	.63	.69	.64	E.	3 E.	2 S.				
4	29.72	29.74	29.68	17.22	14.15	20.12	.033	.085	.052	.67	.72	.63	S.E.	2 S.E.	2 S.				
5	29.49	29.54	29.50	23.38	31.20	34.29	.074	.144	.137	.59	.62	.78	S.E.	2 S.E.	2 S.W.				
6	29.47	29.50	29.50	38.35	23.36	32.20	.186	.142	.074	.81	.69	.59	S.	2 S.E.	3 S.W.	8.20 a.m.	11.38 p.m.	.42	4.00
7	29.52	29.65	29.75	6.10	4	8.21	.030	.040	.025	.52	.38	.48	W.	3 S.W.	2 S.				
8	29.76	29.62	29.60	2.18	13	11.61	.034	.067	.049	.71	.68	.62	S.W.	2 S.W.	3 S.W.	10.30 p.m.	11.45 p.m.	.02	1.00
9	29.56	29.60	29.65	20.31	25.17	30.20	.060	.155	.050	.55	.89	.37	S.W.	3 S.E.	3 S.E.	9.15 p.m.	9.55 p.m.	.01	.50
10	29.78	29.76	29.62	19.36	22.15	33.20	.040	.149	.085	.39	.70	.72	W.	1 S.W.	2 N.W.				
11	29.51	29.54	29.49	35.36	21.32	33.18	.142	.149	.065	.69	.70	.57	W.	2 S.W.	2 N.W.				
12	29.64	29.52	29.48	18.19	16.16	15.14	.067	.040	.059	.68	.39	.65	S.W.	2 S.W.	3 S.W.				
13	29.68	29.68	29.62	15.22	14.14	20.12	.071	.085	.052	.82	.72	.63	S.W.	2 S.	2 N.W.	9.10 p.m.	11 p.m.	.05	1.00
14	29.52	29.66	29.64	18.20	14.15	18.11	.052	.076	.037	.52	.70	.45	S.E.	2 S.E.	3 W.				
15	29.65	29.64	29.58	13.22	17.10	20.15	.034	.085	.063	.43	.72	.67	W.	2 S.E.	2 S.E.				
16	29.56	29.54	29.48	17.30	18.14	27.16	.059	.113	.067	.65	.67	.68	S.E.	1 S.E.	2 E.	11.45 p.m.			
17	29.43	29.40	29.26	29.33	31.27	31.29	.124	.151	.137	.77	.80	.78	N.E.	3 N.E.	3 N.E.				
18	29.20	29.10	29.12	33.36	32.31	33.28	.151	.149	.108	.80	.70	.59	N.E.	2 N.E.	2 N.E.				
19	29.18	29.30	29.28	32.34	30.30	32.28	.144	.155	.130	.79	.79	.78	N.E.	3 N.E.	3 N.E.				
20	29.20	29.40	29.45	27.32	19.25	30.15	.112	.144	.040	.76	.79	.39	N.	2 S.E.	2 E.	5.15 a.m.	9.15 a.m.	.12	1.15
21	29.24	29.15	29.28	18.23	18.16	21.16	.067	.090	.067	.68	.73	.68	S.E.	2 S.W.	3 S.W.				
22	29.48	29.48	29.46	7.10	8	5	.032	.026	.034	.53	.37	.55	S.W.	2 S.E.	2 S.E.				
23	29.45	29.42	29.45	8.13	9	5.11	.021	.049	.037	.33	.62	.56	S.E.	2 E.	3 E.				
24	29.47	29.40	29.37	12.16	13	8.13	.017	.044	.049	.22	.49	.62	N.W.	3 N.E.	2 N.E.				
25	29.35	29.35	29.34	14.28	20.11	24.17	.037	.083	.060	.45	.54	.55	S.W.	2 W.	2 S.W.				
26	29.30	29.45	29.68	29.25	22.26	21.18	.106	.067	.053	.66	.50	.44	W.	2 S.W.	3 S.W.				
27	29.78	29.84	29.75	21.23	16.17	18.15	.049	.042	.074	.43	.33	.82	N.E.	3 N.W.	3 N.E.				
28	29.70	29.62	29.51	11.18	14	8.16	.028	.067	.052	.39	.68	.63	N.E.	2 N.W.	2 N.W.				
29	29.48	29.45	29.38	13.20	16.11	17.13	.049	.060	.044	.62	.55	.49	S.W.	3 N.E.	2 E.				
30	29.34	29.48	29.52	17.22	10.14	20	.048	.085	.040	.50	.72	.58	S.E.	3 S.E.	2 W.				
31	29.54	29.60	29.58	14	4.10	14	.....	.....	.....	.....	.....	.....	S.	3 S.W.	3 S.W.	7.34 a.m.	9.30 a.m.	.12	1.10

Bibliographical Record.

A PRACTICAL TREATISE ON THE DIAGNOSIS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART. By AUSTIN FLINT, M. D., Professor of Clinical Medicine, &c., in the New Orleans School of Medicine; visiting Physician to the New Orleans Charity Hospital; Honorary Member of the Medical Society of Virginia, of the Kentucky State Medical Society, of the Medical Society of Rhode Island, of the Pathological Society of Philadelphia, &c. Philadelphia: Blanchard & Lea. 1859.

WE have had occasion, several times, heretofore, and in different capacities to refer to Dr. FLINT and his contributions to our national medical literature, and have already expressed the opinion, that "he needed only to labor on with the same industry and care as heretofore, to establish himself in the first rank of American authors." He has labored on with that same industry and care, and his place among the *first* authors of our country is becoming fully established. To this end the work, whose title is given above, contributes in no small degree. It is a fitting companion of his treatise published some two or three years ago, on the Exploration and Diagnosis of Diseases of the Respiratory Organs, though more complete than that work, embracing the Pathology and Treatment, as well as Diagnosis, of heart affections. A work well executed on this subject, as Dr. F. justly says, was a desideratum, and we have no hesitation in saying from an examination of the book that the want has been supplied.

The arrangement of subjects made by the author, is

different from that generally adopted. Instead of commencing with inflammatory affections and proceeding synthetically to those lesions which are chiefly their results, he commences with enlargement of the organ and proceeds analytically to the morbid processes and conditions producing it.

The first chapter is devoted to enlargements of the heart, the second to lesions affecting its walls, the third and fourth to those of the valves; next comes congenital malformations, then affections incidental to diseases of the heart, then inflammatory affections, and after these functional disorders, and to conclude all, thoracic aneurisms, which claim consideration in connexion with diseases of the heart, being so intimately associated with them.

Each of these subjects is treated in a careful and satisfactory manner—clinical observations being made the basis, while the author has availed himself of the labor of others, and has placed before the reader in a lucid manner the results of his experience, his reading, and his reflections. The work, moreover, in its style and arrangement, indicates the practical teacher—and while the experienced practitioner will find in it a useful and important work of reference, it will be particularly enjoyed by the student in his labors to master the subjects of which it treats.

Dr. WALSHE, of London, is soon to appear in a new edition of his great work on the chest, in two volumes, carefully revised and much enlarged—one volume being devoted to the heart. It will doubtless be a work of the profoundest research, the fullest detail, and the nicest discrimination, but we venture to predict that in clearness and precision, and in those happy qualities of style and arrangement, commending it to students, it will be found inferior to the work of our countryman.

Our space will not allow of an extended analysis of the book, and we will close this brief notice by commending it

without reserve to every class of readers in the profession.

The publishers have well performed their part, as the paper, type, and binding are all good.

A. B. P.

Editorial Department.

EDITORIAL CORRESPONDENCE.

Dear Readers of the Peninsular and Independent :

As you are already aware, I have returned from my wanderings, and am engaged again with harness on, in the ordinary duties of my profession, and these letters must now take the form of remembrances of institutions, persons and events, not only past but distant.

Since my last, dated at Bradford, I have traveled through many interesting portions of England—have visited York, Lincoln, and Old Boston—have gazed with peculiar interest upon the famous cathedrals of the two former places, and upon the magnificent towers of the church in the latter place—the residence of JOHN COTTON, and of many of the original emigrants who settled in, and gave the name to Boston, Massachusetts,—hence paid another visit to London, reviewing many of the objects of interest there, collecting books and documents and means of illustration—have spent some time very pleasantly at Oxford, the seat of England's greatest University—have made a pilgrimage to the birth-place and tomb of the world's great poet, at Stratford, upon Avon—have visited Warwick and Kenilworth Castles—have gazed, as did TUPPER, on the tall spires from the railway bridge at Coventry—have wandered through the smoky town, and many of the immense work-shops of Birmingham—have seen the lights of its thousands of furnaces blazing in the darkness, giving some faint notion of the immense manufacturing interests of England—have re-visited Liverpool, the great support of the kingdom—embarked upon the steamship Asia for New York, and again encountered the storms and heavings of the ocean, and the prostrating sickness dependent upon its motion—suffering even more than

upon the outward passage, and arriving home at length, receiving the kindly congratulations of friends. With the exception of the sickness, and the minor annoyances necessarily incident to traveling anywhere, the tour has been one of almost unalloyed satisfaction. There have been no specially thrilling incidents, startling adventures, or "hair-breath escapes," but new objects in nature and art, and new phases of human society and characters, have constantly been presented, and new enjoyments have as constantly been springing up. The period of the tour was not designed as one of relaxation, and has not proved such, but rather of active labor; but like other labor, when performed under proper circumstances and weight, it has been attended with pleasure, and the more intense from its novelty and variety.

But it is quite time to proceed with the promised account of medical institutions and medical men, and there are many more in London claiming attention.

I should state here that it is quite impossible for me to give a full account of all the medical institutions in London—a volume, rather than a few letters, would be required for this—and I shall therefore only give such sketches as I may think will most interest you, and give most accurate notions, by proper specimens, of the whole.

There are in London some six hundred or more charitable institutions, or parent societies for charitable purposes, most of them making provisions for the care of the sick poor—over two millions of pounds sterling are annually disbursed, more than one-half of which being raised by voluntary contributions. Three of the institutions for the cure of disease are Royal Hospitals, viz.: *St. Bartholomew's*, *St. Thomas'* and *Bethlehem*—the latter, commonly called *Bedlam*, is for the insane. Others, as *Guy's*, are supported by large endowments, while others still are entirely dependent upon voluntary subscriptions and contributions.

St. Bartholomew's Hospital, in *Smithfield*, not far from the *General Post-Office*, and *St. Paul's Church*, is the earliest institution of the kind in London, and is now one of the largest, having accommodations for about 600 patients within its wards, and relieving vast numbers as out patients. In all, some 70,000 to 80,000 patients are annually prescribed for, and

provided with medicine, in connection with the institution. It is a general hospital, admitting every form of disease and accident, medical and surgical. The in-patients are visited by the physicians and surgeons, and the out-patients by the assistant physicians and assistant surgeons. The medical school attached to this hospital is the largest in London, and a place as teacher in it is consequently considered as most desirable—fees in all the London schools depending upon the number of students. As, however, the teachers are not the licensers to practice, or the conferrers of degrees, there is not the opportunity to lower the standard of requirements for the purpose of securing members.

The men I saw most of at St. Bartholomew's were Dr. WEST, Professor of Obstetrics and Diseases of Women and Children—another of various works on diseases of children and females—Drs. BAILY, KIRKE and MARVIN, physicians, and Messrs. LAWRENCE, SKEY, STANLEY and PAGET, surgeons. Dr. WEST is a man about medium height and size, in the neighborhood of fifty years, and is quite affable and attentive to strangers. He is an accurate, direct, and clear lecturer; does not repeat or render emphatic important points; speaks rather rapidly and without notes, keeping his eyes upon the floor or table, and is decidedly English in his pronunciation and manner. Notwithstanding, this is, I believe, the largest school in the metropolis, the numbers attending his regular lectures on Midwifery were a little less than forty, as counted several times in his lecture room. The ability of Dr. WEST, and the classical character of his writings, are well known. But notwithstanding all this, and his position at St. Bartholomew's and the Hospital for Children, his success in obtaining private practice has not been great. He has a limited number of beds in the hospital for the diseases of women, and prescribes for a large number of out patients, all of whom are females effected with diseases peculiar to their sex. So far as I observed, his examinations of his patients were very fairly careful, notwithstanding the large numbers presented to him, and his prescriptions, while not remarkable, appeared judicious. The number of fibrous tumors of the uterus, which I saw among his out-patients, surprised me—four cases of large tumors of that organ presenting

themselves during one morning. Most of them had been a considerable time under his observation, and the degrees of suffering in the different cases were very various — not always in proportion to the size of the tumor or the continuance of the disease. Much seemed to depend upon the susceptibility and power of endurance of the patient. Saw several cases of cancer of the Uterus, Leucorrhœa, Prolapsus, Proccidentia, &c. One case was presented, of extra-Uterine pregnancy. It had continued four years, the patient being at the time pretty comfortable, having, however, occasional attacks of pain, especially after severe exercise. The woman was about attending to her family, and the tumefaction was gradually diminishing.

Dr. WEST informed me he had seen five cases — most of them proving fatal at periods varying from a few months to a few years. This had already continued longer than any of the rest, and was likely to continue for considerable time to come. I encouraged the poor woman to hope for the best, mentioning the case published some years ago in the *Peninsular Journal*, taken from one of our cotemporaries, where a patient carried a fetus for about fifty years without much suffering; she dying at an advanced period in life, the fetus was found completely ossified, and is now in the Museum of the Medical college of Albany.

Dr. WEST made various inquiries and observations respecting some of our writers on diseases of women, particularly about Dr. MILLER, of Louisville, Ky., who had reviewed somewhat severely his Croonian lectures on diseases of the Os Uteri, and Drs. BEDFORD and MEIGS. He spoke favorably of the abilities of all these gentlemen, though he thought the printing of so much conversation with patients in the works of the two latter, very strange.

He spoke of our countryman, Dr. J. MARION SIMS, in strong terms of commendation, regarding the use of the Silver Suture as introduced by him, and his full method of operation for visico-vaginal fistules as among the most important triumphs of modern surgery. Not only Dr. WEST, but all others with whom I met, well informed on the subject, spoke in very warm terms of the improvements by Dr. SIMS — and I may mention here, that in my whole tour, I have seen no method of examination — no system of manipulation in diseases of this

kind, that will compare with his. Those whom I have seen attempting to adopt his proceedings, have in no instance equalled his dexterity. I think it must be acknowledged, that at this moment, Dr. SIMS stands unrivaled in skill and success in the treatment of this most distressing class of accidents. This I feel bound to say after seeing examinations of these parts and operations in Paris, Edinburgh and Dublin, upon them, as well as in London; and while impelled by a sense of justice, I am proud, as an American, to be able to bear testimony to this effect. That others in this country and in Europe may, with equal opportunities, acquire all of Dr. SIMS' skill, and attain to all his success, is by no means denied;—but as yet no one has had the same opportunity, or given the same attention to the subject.

I was very glad to meet with Dr. WEST, and see so much of him, and especially so as I had so long admired his excellent work on the diseases of children. What I saw of him, confirmed my opinion of his talent, and left a favorable impression of his character. I must say, however, that in a lecture upon the signs of pregnancy, I was surprised to hear him state the old views respecting what has been called, the “placental murmur,” considering it as being produced by the blood passing through that organ, and as an evidence of pregnancy, without stating the reservations which more recent investigations have induced others to make.

I had but one interview with Dr. BAILEY, but it was of two hours or more duration, among his out-patients at the hospital, and left an exceedingly favorable impression of the man on my mind. He is a man of some thirty-five or forty, of about medium size, with a very intelligent and pleasing countenance, and a finely developed brain. With his patients he was kind, sensible, patient, pains-taking and correct, and towards strangers and students, affable and communicative, giving to the four or five young men who attended him excellent practical instruction, considering the rapid manner in which the very large number of patients compelled him to proceed. I was glad to learn that his good qualities, which I felt sure he possessed, were appreciated—that he had recently been appointed Physician Extraordinary to the Queen, over many older men, and that he was enjoying a good private practice.

Dr. MARTIN was a man still younger, of very superior physical development, of good mind and agreeable manners. He is a resident upon the grounds of the hospital, is ready to be called upon for the in-patients, in emergencies, and has charge of very large numbers of out-patients. He informed me that on the days for out-patients to visit him, he often examined and prescribed for two hundred at a single sitting of a morning. He had two or three assistants who aided him more or less in examining the cases and prescribing for the more trivial complaints; but he was responsible for the whole, and could neither do himself or his patients justice. There come to him almost every variety of mild affections, beside many of a grave character, particularly phthisis. He seemed to apprehend this disease in many who presented themselves, and often intimated its existence before a careful examination was made. There was nothing unusual in his treatment. He, however, often prescribed doses where it seemed to me hygienic regulations were alone required.

Dr. KIRKE, the author of the compendium on Physiology, I saw among his out-patients. He is a small, spare, acute man, rather rapid in his movements, and still young enough to advance in his profession. Although I observed nothing in his practice demanding special record, what I saw of him left a favorable impression of his abilities and character.

Of the venerable surgeon, Mr. LAWRENCE, the author of the work on the Eye, and various other productions, metaphysical and professional, you have all heard. He is a fine, genial-looking old man, with an excellent developement of brain and body well preserved. His spirits appear to be in their bloom, as he joked and laughed more than any of the distinguished men with whom I met in London; but his intellect is said to have passed its prime some time since. He is regarded as committing the error which other aged men have often done, of holding on to a position longer than is desirable or proper—thus marring a reputation well earned by a long course of faithful and honorable labor. He still retains the chair of didactic surgery in the school, though he has outlived his efficiency as a teacher. This is as much to be regretted on his own account as that of the pupils, and the interests of the school to which he is attached. When I

saw him in his wards, but very few students followed him, and their quiet but significant exchange of glances, by no means indicated that confidence in his sayings and doings which should be extended to one in so important a position. I heard many express themselves on the subject, all regretting his continuing in his professorship,—the only excuse being offered for it was, that he had an expensive family, and needed the income. I had no opportunity of hearing him lecture, and judging of his present capability for myself, but the common expression was as I have stated. It was not so particularly used that his intellect had far decayed, but that he was antiquated in his matter, his methods, and spirit of teaching—not being up to the demands of the present day. All this I felt the more to regret, as I have a high appreciation of Mr. LAWRENCE'S moral and social qualities, and of his former professional labors. But men must grow old, and their confidence in themselves is not usually the one first to fail.

Mr. L. was very affable, showing me all his cases of interest, and speaking of them freely. I saw in one of his wards a case of chronic synovitis of the knee, with thickening of the fibrous structures about. The patient was a young woman from the country, of a better class than are usually found in hospitals, of fair constitution, not scrofulous, and the bones were unaffected—but the disease had continued for five years, though without supuration, was somewhat painful, and so tender as to prevent the patient from walking. Mr. STANLEY was called in consultation to determine the question of amputation of the thigh for the purpose of relieving the sufferer of a useless and troublesome member. Much treatment had been suffered without any beneficial effects. Mr. STANLEY said, and repeated, that he knew of no treatment that did any good in such cases—none whatever; but gave the opinion that the case was hardly bad enough to justify an amputation. The operation was, however, afterwards performed, and a few days subsequently I saw her in a state of furious delirium, alternating with spasms, and in a most precarious condition. There was, indeed, a strong probability of a fatal termination, but this being my last visit to the hospital, I did not learn the result. The patient, previous to the operation, was in a very comfortable condition of health, though

lame, and it seemed to me so severe an operation in an hospital where fatal results are so likely to follow, was not justifiable.

Mr. STANLEY, the author of the excellent work on the Bones, is a short, rather stout man, fifty or upwards, with gray hair, thick pouting underlip, and is rather abrupt and gruff in his manners. He is a prompt, vigorous, decided man—a cool operator, and, I have no doubt, a good surgeon.

Mr. SKEY is also rather a stout man, somewhat taller than Mr. STANLEY, and a few years his senior. He is a clear-headed, straight-forward, energetic man, an excellent operator, and in every respect a good surgeon. His remarks at the bed-side were always sensible and to the point, and he was followed by a crowd of students through his wards.

Mr. PAGET is a much younger man than either of the other surgeons mentioned, is slightly above the medium height, not stout, and appears remarkably active and energetic. He has resigned his professorship in the school, his large private practice rendering it no object for him to retain it, but he continues ardently devoted to the science of his profession, and is thought to be 'destined to' rise much above even his present very high position. Those who are familiar with his admirable work on Surgical Pathology, have some idea of his abilities as a thinker and writer on scientific subjects; and he is thought to be equally clever in practice. He retains his position as one of the surgeons of the hospital, and while his retiring from the duties of a didactic teacher is a matter of much regret to the friends of the school, it will give him more time for pursuing his scientific investigations, and his private practice—objects which he seems to have more at heart. All agree that his future promises will be even more brilliant than his past.

Of the other physicians and surgeons connected with St. Bartholomew's, there are several of eminence and promise, but I saw too little of them to have received a distinct impression. The institution itself, as already stated, is the largest and most ancient in London, and one about which you will be most interested, perhaps, to know. The statistics of the amount of medicines used, show that dosing is by no means given over. It is stated that 2,000 pounds weight of

castor oil, 1,000 pounds of senna, 27 cwt. of salts, 12 tons of linseed meal, are among the annual items. The number of surgical cases may be judged by the fact that 5,000 yards of calico are used for bandages every year. They seem to have confidence in sarsaparilla, as more than half a hundred weight is used every week, and that they are not altogether insensible to the good effects of blood-letting, is shown by the fact that within a single year, not long since, 29,700 leeches were bought for the use of the establishment.

St. Bartholomew's has many associations connected with it. WM. HARVEY, the discoverer of the Circulation of the Blood, was physician to this hospital, doing duty for thirty-four years, and establishing rules which governed his successors for nearly a century. A little more than one hundred years ago, EDWARD NOURSE delivered the first course of lectures on the subject of Anatomy in the institution, and a few years later, PERCIVAL POTT commenced his courses on Surgery, and about the same time, Drs. WM. and DAVID PITCAIRN commenced courses on Medicine. In 1787, Mr. ABERNETHY commenced his career there. From these beginnings the school was built up—students were attracted, and museums and other appliances were provided. To the funds of the hospital Dr. RADCLIFF gave £500 a year forever towards "Mending the Diet," and £100 forever, for the purchase of linen. The income of the hospital is between £30,000 or £40,000, or near \$200,000 a year. But I have given quite as much space to this institution, great and venerable as it is, as can be afforded. I will close this letter, already becoming long, by a brief mention of the great Eye Infirmary at Moorfield, towards the Eastern part of London. This is said to be the largest establishment of the kind in the world. There are four responsible surgeons in attendance, with several assistants and patients, are met daily—one-half of the staff being in attendance one day and the other the next—alternating. I saw most of Messrs. DIXON and HUTCHINSON—the former author of an excellent practical handbook on the Eye, and the latter, the editor of the *Medical Times and Gazette*. The other two are Messrs. CRICKETT and BOWMAN; the latter of whom I referred to in a former letter. Mr. CRICKETT is regarded as an able man, and appears well among his patients.

The number of cases returned in the hospital for the establishment, in the course of a year, is almost fabulous, affording the largest opportunity for statistics and comparisons of different modes and treatment. The ophthalmoscope is constantly brought into requisition in diagnosis—a solution of the sulphate of Atropine, being dropped into the eye instead of the old plan of painting the extract upon the skin about the organ.

They depend here much upon mercury in Syphilitic Iritis, treating very lightly the assertions of some, that it may be as well treated without it.

In Ulcers of the conjunctiva over the cornea, accompanied with vascularity, &c., they relied entirely on general treatment—applying only placebos to the part to prevent other things being used. Small setons in the temples, and blisters, were sometimes used as means of counter-irritation, but no caustic or irritating applications were made to the ulcer.

Inflammation of the cornea with a ground glass appearance—a general haze, indicated, they said, a *hereditary* Syphilitic taint. The teeth would be found in nearly all of such cases peg-shaped—contracted at the extremity with a concavity or notch on the surface. These cases of ground-glass haziness will get well in time of themselves—are, according to Mr. CRICKETT, sure to recover, but some months will elapse.

I saw under Mr. DIXON's care a case of spontaneous cure of cataract—the opaque lens having fallen below and out of the axis of vision. Mr. D. said he had seen several such cases. It would seem that there are few morbid conditions entirely beyond the curative powers of nature.

All the surgeons at this institution are able and attentive, and from the vast numbers of patients, excellent opportunities are afforded for studying this interesting class of diseases.

Yours truly,

A. B. P.

We insert the following letter with pleasure, and would be glad to hear from other of our former students, who

have suggestions to make on any subject connected with the profession.

HOUGHTON Co., MICH., JAN. 1st, 1860.

Prof. A. B. PALMER. DEAR SIR:—I am truly obliged for your invitation to report for your Journal such cases of interest as have occurred in my practice.

Though I have myself been *deeply* interested in the progress of many cases coming under observation, yet the details thereof might not be of equal interest to those older practitioners who mostly read your Journal.

Yet I can hardly forbear—as I turn over the pages of my Note Book, and “pass in review” the associated circumstances of certain deeply interesting physical and psychical manifestations of a morbid nature exhibited in the genus homo,—to avail myself (in all modesty) of this opportunity to offer a few suggestions for the benefit, as I hope, of the candidate for professional honors.

There is a period in the history of nearly every scientific and approved Physician, when though nominally *skilled* in the tactics of the *Healing Art*, he finds himself in the condition of a skillful navigator, thrown upon an unknown sea, without chart or pilot, surrounded by many unforeseen difficulties, and *compelled* to advance, guided only by the “general principles,” belonging to his art, and that time is the hour of graduation. But as the navigator, who, aware of this extremity, and realizing the value of the human lives intrusted to his care, eagerly avails himself of all the knowledge which his fellow travellers may possess so the young physician may, we believe, profit by the counsel of those who have passed the shoals and quicksands which lie in his course.

We ask your attention, therefore, while we cite—briefly—a few of the errors into which students are liable to fall, and some of the evil consequences resulting therefrom. The advanced and ambitious student charmed by the beauty

and harmony which his growing knowledge of physiology, chemistry, pathology, &c., unfolds to view, where chaotic darkness formerly reigned, is prone to imagine that a clearer understanding of those principles (so requisite to success) will illumine every dark way, and shield from every embarrassment, and hence he passes unregarded, not only minor details, but the isolated, yet important facts and teachings brought out in his lecture course.

Again, respecting the nature and treatment of not only many rare and grave diseases and surgical injuries, but also of certain whole departments of professional knowledge, — (as for example infantile, cutaneous, syphilitic or contagious diseases) students sometimes, we believe, exhibit a total disregard or neglect during the lecture term (unless expected to appear upon the examination programme) either through a dangerous and deceptive belief that they will never come up for treatment, or if ever, at least not until time has been allowed to master them in some uncertain hereafter. Students should cultivate the habit of weighing duly every circumstance, and placing an appropriate value upon each of the many symptoms which may point perchance in opposite directions, and after arriving at a careful diagnosis should recall every means which hygiene and therapeutics can furnish, and thus become enabled to choose intelligently from the entire field. It is, we believe, a “besetting sin” of many intelligent practitioners to *neglect* important points in diagnosis and important adjuvants in treatment through simple *forgetfulness*, hence the habit should be guarded against by the student.

Again, students should guard against treasuring up those general and important facts very properly dwelt upon and emphasized in a course of lectures, as so many *fixed and unchanging laws*, or adopting certain theories and particular modes of treatment or reasoning, through mere fancy, or on account of their simplicity, or sup-

posed harmony with other and *known* facts, thereby shutting out from the mind a recognition of other theories;—and also the habit of hoarding up *old* recipes and specifics for particular disease, because, perchance they have been used by older and wiser heads to fulfill some certain indications. How often indeed do we meet with practitioners, whose only idea of an alterative is of the Iodide of Potass or Calomel, and whose alpha and omega prescription for pthisis, of all grades and conditions, is cod liver oil; or cathartics for the dysentary of all seasons, climates and severities, or who regard the double inclined plane as the *only* safe splint for fractures of the femur, or who, recognizing in chloroform, brandy or blood-letting (as we must in nearly all therapeutical appliances) a power for evil, discard them in toto from their list of medicaments.

There are all modifications of the same great system of quackery, dwarfed and narrow modes of reasoning, which carried into practical life are fraught with much evil to society, and are to be carefully shunned in the outset. Since they lay the foundation for an empirical routinism, and preclude from the mind of the physician a full appreciation of all those facts and symptoms which incorporated into a diagnosis, form the only *reliable* basis for the application of our therapeutics.

It was in the summer of 18— that we entered upon our professional career in the midst of a rural population, upon the shores of Saginaw Bay, our saddle-bags plethoric with *supposed* CURES, and our conceptions—we confess it—befogged by some of those mistaken notions which we have described, exercising but imperfectly the glorious prerogative of *independent* thought and action, harmonized by the sure light of science; and then took our first real lesson in the art of healing.

It is not our plan to detail particular examples il-

lustrative of what we have said, or to spread out to view isolated cases, the disastrous termination of which we are impelled to ascribe (on our own private memorandum) to misconceptions such as we have named, or venture to suggest whether a want of knowledge, the highest possible degree of our duty as physicians, is placed to our debit upon the record of HIGH HEAVEN. But if ever it has been our unenviable fortune to protract suffering or hasten dissolution in lieu of fulfilling the kindly office of relieving or restoring our diseased fellow creatures we attribute the result, not alone to mental deficiency and professional indifference, but in part also for our having failed to survey the whole ground of action, and to having sacrificed many of the precious hours of our pupilage to a sceptical incredulity or procrastinating assurance, which has left us in the very morning of battle with our Strong-Holds insecure, and our forces quite unskilled in the tactics which the opening movements have demanded.

The *humility* at least, which we gain from our own private reminiscences we would fain spare others from experiencing, and we believe we may justly *admonish* the student against deferring till the morrow a preparation for every duty which in the capacity of physician can possibly stare him in the face. So that whether he meets—at the very outset—with a strangulated hernia, a developing abscess or enlarged sympathetic in the injunial region:—A patient suffering from simple diarrhœa, or from a typhoid fever, in which diarrhœa is the most prominent symptom—a case of puerperal convulsions or hysterical fits—a child with chronic peritonitis, or simply indigestion—a patient laboring under cerebral compression, or beastly intoxication—a joint attacked with synovitis, or with rheumatism—a case of ovarian dropsy, of normal pregnancy, or one of pseudo-pregnancy with apparent

quickenings, occurring without conception (an anomaly sometimes observed in the childless matron) — an infant dying from the opium of his physician, or from a natural disease — a pleuritic inflammation or a rheumatic stitch — in short, any of the fearful and unwelcome cases classed as organic disease, or any of the manifold vagaries of the nervous system, he may be equally at home and fully prepared for every emergency.

Though the time allotted the American student for his preparatory course is short, yet we believe if it be economically and wisely employed, he may enter upon his practical duties, better prepared to assume the responsibilities, and “bear the heat and burthen” thereof, than are the majority of our young recruits at present.

We think, however, it can not be doubted that a judicious system of hospital instruction is almost indispensable, and we are truly glad that our State University is already feeling the importance of the demand.

R—.

For the Peninsular and Independent.

MESSRS. EDITORS:—In accordance with a resolution passed by the “Serapion Society of the Medical Department of the University of Michigan,” I hereby beg leave to tender our most sincere thanks for your valuable journal, which you have so kindly sent the Society.

The Society is in a flourishing condition. The regular meetings are held on Saturday evening of each week. Through the instrumentality of our President, Prof. A. SAGER, we have obtained a spacious and elegant book case, which is *nearly* filled with a choice collection of medical works, which have been principally *donated* by *publishers*, and other friends of the society, to whom we return our grateful acknowledgments. We hope they may continue their good work, and others, seeing this notice, may be induced to do likewise, i. e. send the society a copy of their journals.

We formerly received several periodicals, which, I am sorry to say, have not been received for a few months past. Should this fall under the notice of any of them, they will please take notice that "The Serapion" is still alive and *kicking*.

Respectfully yours, &c.,

J. H. FINFROCK, *Corresponding Secretary*.

Serapion Hall, January 21st, 1860.

Proceedings of the American Pharmaceutical Association, 1859.

The Minutes of the Eighth Annual meeting of the above named Association, together with the reports and scientific papers read at its sessions, in the shape of a neatly printed volume of over 400 pages, is before us for notice. The minutes of the meeting were copied in our Journal for October, and we propose here only to notice briefly the papers read at the meeting.

The report of the Committee on Weights and Measures, the work of Mr. ALFRED B. TAYLOR, of Philadelphia, is the most elaborate and complete paper on any subject which has ever been presented to the Association. It consists of a review of all the existing and proposed schemes, and while virtually endorsing the decimal system, so strongly advocated by its friends, yet goes further, in proposing an entirely new scale of notation, the *octonary*, the scale where the radix is eight instead of ten, as in the present denary one, and from this scale, he proposes to create a new, comprehensive, and yet uniform system. While we admire Mr. TAYLOR's ideas upon the subject, we cannot believe the world yet ready for so great an innovation.

The ability and thorough research displayed by Mr. TAYLOR in making up his report, will give him a prominent and honorable position among writers upon Weights and Measures.

The report upon Progress of Pharmacy occupies 65 pages of the proceedings, and consists, as heretofore, of condensed notices of improvements and discoveries made in Pharmacy and its accessory arts. Abstracts of this report will be found in our Pharmaceutical department.

The report upon the Revision of the Pharmacopœia, con-

tains a digest of the most important suggestions of the previous Committees, the principles upon which the Committee acted are the following:

"1st. There should be no important changes in nomenclature or in processes, unless imperatively demanded by the requirements of practice, or necessary to keep pace with the progress of Pharmaceutical Science.

2d. The Pharmacopœia not being a scientific but a practical code, should contain none but the most plain and practicable formulæ; its nomenclature should be maintained upon such a basis as will not be liable to fluctuation, and simplicity and accuracy should be its leading features.

3d. No drug or preparation should be inserted in the Pharmacopœia until it has an extended reputation in at least several localities—except improved forms of preparation for well known drugs.

4th. The Pharmacopœia not being designed to furnish all the combinations called for in practice, should contain only a limited number of extemporaneous preparations which are well adapted to general wants and of utility to both Physician and Pharmaceutist."

The process of Percolation is recommended to replace the ordinary methods of Maceration as now directed, and the admirable suggestions of Prof. GRAHAM, in this department of Pharmacy, are advocated.

The additions proposed to the primary list of the *Materia Medica*, are 16 in number, as follows:

List of articles it is proposed to transfer from the Secondary to the Primary List:

1. *Arnica*—Leopard's Bane. The flowers of *Arnica Montana*.

2. *Asarum*—Wild Ginger (Canada Snake Root). The root of *Asarum Canadense*.

3. *Cataria*—Catnip. The leaves of *Nepeta Cataria*.

4. *Coptis*—Goldthread. The root of *Coptis Trifolia*.

5. *Extractum Cannabis*—Extract of Hemp. An alcoholic extract of dried tops of *Cannabis Satavia*, Var. *Indica*.

6. *Filix Mas*—Malefern. The rhizome of *Aspidium Filix Mas*.

7. *Heleanthemum*—Frost Wort. The herb of *Heleanthemum Canadense*.

8. *Oleum Cajuputi*—Oil of Cajeput. The volatile oil of the leaves of *Malaleuca Cajuputis*.

9. *Pareira*—*Pareira Brava*. The root of *Cissampelos Pareira*.

10. *Salvia*—Sage. The leaves of *Salvia Officinalis*.

11. *Sambucus*—Elder Flowers. The Flowers of *Sambucus Canadensis*.

12. *Scoparius*—Broom. The fresh tops of *Cytisus Scoparius*.

13. *Macis*—Mace. The anyllus of the fruit of *Myristica Morchase*.

14. *Marrubium*—Horehound. The herb of *Marrubium Vulgare*.

15. *Matricaria*—German Chamomile. The flowers of *Matricaria Chamomilla*.

16. *Melissa*—Balm. The herb of *Melissa Officinalis*.

PROPOSED NEW OFFICINALS.

Acidum Lacticum—Lactic acid (description and tests).

Acidum Phosphoricum—Glacial Phosphoric Acids (description and tests).

Æther (description and tests).

Alcohol Amylum—Fusil Oil (description and tests).

Ammonia Carbonas.

Ammonia Sulphas.

Aqua Flores Aurantii.

Artemisia Contra (Levant Worm Seed,) or *Santonica Semen*.

Belladonna Radix.

Caffea—Coffee.

Capsicum Baccatum—Birdpepper. (Change *Capsicum*, as at present, to *Capsicum Annuum*.)

Chiretta—The herb and root of *Agathotes Chirayta*.

Chloroformum—(description and tests).

Gelseminum—Queen's Delight. Root of *Gelseminum Sem-pervirens*.

Glycerina—Glycerin. A peculiar sweet principle obtained from fats.

Gossypii Radix—Cotton Root. The root of *Gossypium Herbaceum*, and of other species of *G*.

Hydrastis Canadensis—Yellow Root. Golden Seal. The root of *Hydrastis Canadensis*.

Ignatia Amara—St. Ignatius Bean. The seeds of *Strychnos St. Ignatiæ*.

Leptandra, Culver's Physic. The root of *Leptandra Virginica*.

Lobelia Semen.

Lycopodium—A peculiar powder from *Lycopodium Clavatum*, and other species.

Oleum Adipis—Lard Oil. The fluid portion of lard, separated by expression.

Oleum Æthereum—Ethereal Oil. With description.

Oleum Camphoræ—Oil of Camphor. With description.

Oleum Succini—Oil of Amber (with description, from the preparation).

Saccharum Lactis—Sugar of Milk. Lacten. The peculiar sugar obtained from milk.

Spiritus Lauri Foliæ—Bay Rum. The distilled spirit from bay leaves.

Vanilla—Vanilla Beans. The prepared unripe Capsules of *Vanilla Aromatica*.

Amygdala Persica—Peach Leaves. The leaves of *Amygdalas Persica*.

ADD TO SECONDARY LIST.

Achillea Millefolium—Millefoil. Yarrow.

Angelica Archangelica—Angelica Root.

Baptisia Tinctoria—Wild Indigo. The herb.

Berberis Vulgare—Barberry. The root.

Caulophyllum Calactroides. Blue Cohosh. The root.

Corydalis Formosa—Turkey Corn. The tubers.

Cucurbita Pepo—Pumpkin Seeds.

Cypripedium Pubescens—Nerve Root.

Epigea Repens—Trailing Arbutus.

Euonymus Atropurpureus—Wahoo. Bark.

Eupatorium Purpureum—Gravelroot. Ironweed.

Hydrangea Arborescens—Hydrangea Root.

Myrica Cereca—Bayberry Bark.

Rubus Ideæus—Raspberries. The fruit.

Rumex Crispus—Yellow Dock. The root."

It is recommended to reduce the specific gravity of the *Liquor Ammonia fortior* on account of accidents resulting

from handling it, to 920, so that by dilution with an equal bulk of water, it shall be of the proper strength for ordinary use.

Spts. Ammon. Aro. is recommended to be made by dissolving carbonate of Ammonia in spirits with the addition of the essential oils of Cassia, Clover and Orange peel.

Several formulæ are proposed as substitutes for inferior ones, now officinal in nearly every class of the preparations of the Pharmacopœcia, many of which we would like to insert here, but want of space forbids doing it.

The report upon Home Adulteration we copied in full some months back, it being the most complete one on the subject which has ever been written for the Association.

Among special reports, that of Prof. PROCTOR on Fluid Extracts, is especially worthy of notice. We take the following from the prefatory remarks:

"After some reflection, it was determined to consider in groups the several drugs appropriate for fluid extracts, the generic character of which was to be derived from an analogy of composition or of behavior with solvents, by which the same process could be employed for each member of a group; leaving all those drugs which possessed some peculiarity of constitution, rendering it necessary to be treated by special process.

In the formulæ adopted, it has not been designed to retain in solution all the matter dissolved by the menstruum from each drug, as suggested by some; nor to reject all not usefully medicinal as sought by others; but to extract as far as possible all the valuable ingredients, and to condense them into the required bulk, of an ounce to the fluid ounce, except in the oleoresins, in the way least calculated to injure their medicinal virtues and sensible qualities, leaving the resulting menstruum appropriate for retaining the active matter in solution.

As regards the means for their preservation from decomposition, alcohol and sugar have been employed, as the cases demanded, and in a few instances acetic acid is added for special reasons. The process of percolation have been almost invariably used, as best adapted to effect the desired objects

and the formulæ, both in manipulation and quantities, are based on the supposition that they are to be carried out in the shop or laboratory of the apothecary, and not on the large scale by the manufacturer.

Where alcohol has been used as the agent for preservation, it has been employed in the form of the first dense solution obtained in the percolation, regulating the quantity reserved for this purpose by the quantity of alcohol to be retained in the fluid extract, and evaporating the weaker liquors till reduced to a bulk sufficient to make up the required measure by an indirect heat of about 150° F. in an open vessel.

When sugar has been employed as the preservative agent, it is added to the percolate before the completion of the evaporation, so as to take advantage of the well ascertained solvent power of sugar in regard to resinous and apothemic matter.

A new class of oleoresinous fluid extracts has been suggested in which the stronger aromatics have been introduced, such as cloves, cinnamon, cardamon, &c., and which possess, for certain uses, very desirable advantages from their concentration.

The number of oleoresins has been considerably increased on the ground that they represent their respective sources more completely, and in smaller bulks than any other form of fluid or semi-fluid extracts. For this reason, also, it is insisted that they should occupy a distinct position under the name of "Oleoresins," and thus avoid the necessity of making a discrepancy in the proportional strength of all those preparations which go by the name of fluid extracts."

The seventy-five formulæ brought forward by Prof. PROCTOR, show an amount of labor and experiment, at once of value to the prospective Convention on Revision, and complimentary to the author of the report.

EDWARD PARRISH, in a report upon Mustard, thinks there is no *liquid* preparation of it, equal in value as a rubefaciant, to the form in which it is ordinarily employed, viz.: the cataplasm.

EDWIN O. GALE, of Chicago, who has investigated to some extent the properties of the resin of the *Silphium La-*

ciniaum, or rosin weed, reports that its similarity to mustich, on physical properties, leads him to believe that it may advantageously be substituted for it.

ROBERT BATTEY, M. D., of Georgia, furnished an able report upon the *Sorghum Saccharatum*, its culture and products, after detailing his experiments, which prove that crystalizable sugar can be made from it. He offers the following conclusions.

“With reference to the economical production of sugar from this plant, no satisfactory conclusions can be drawn as yet; much careful experiment and research will be required to ensure the production of a juice which shall contain the maximum quantity of crystalizable sugar with the minimum of the objectionable vegetable principles. It is also probable that the discovery of some additional means of defecation may become necessary before the desired object can be realized. It would seem not unreasonable to believe that a plant so easily grown in all sections of our country, and containing, under favorable circumstances, so large a percentage of cane sugar, will eventually be made a valuable source of this important staple.

For the production of syrup, if we could but succeed in defecating the juice upon a large scale and by simple means of easy attainment, so as to make it keep good for an indefinite period, we should accomplish very much for the benefit of the Southern planter and the negro. It is found by experience that however well the syrup may be boiled, and however palatable it may be for the first few months, as the season advances, if it be not so thin as to ferment and sour, it undergoes a quiet, viscous fermentation, which renders it slimy, in some instances gelatinous, and always ruins the flavor. Until this trouble is overcome, the syrup will be made only upon a small scale, and this for early consumption.”

The volume of proceedings contains many other interesting reports which our space will not even allow us to mention. Suffice it to say, that at the price the Association offer it, it should be in the hands of every medical practitioner, as well as pharmacist of the country.

The publishers of this Journal will forward it to those desiring it. Price \$1.25, which includes postage.

F. S.

THE CATALOGUE of the Officers and Students of the State University of Michigan, for 1860.

This neat, and for a catalogue, portly looking document of over 70 pages, is before us, giving a list of its Board of Regents, consisting of ten members elected by the people,—one from each of the judicial districts of the State, with the President of the University as its presiding officer, and a Secretary, Treasurer, and Steward—the Superintendent of Public Instruction and the Board of Visitors, consisting of three, appointed by the Superintendent, and having a Supervisory capacity—of the members of the Faculty and officers of the instructing corps, twenty-eight in number, including all the departments—of the separate Faculties of the Department of Science, Literature, and the Arts—of Medicine and Surgery, and of Law. It contains, also, a list of the graduates of the different departments for the last year, seventy-seven in number, and of the students in all the departments at the time of publication. Besides, a large amount of information respecting the organization of the University, the terms of admission, the courses of instruction, and the means of illustration is given, and various remarks upon the endowment of the University and its popular character—its freedom to all, are made.

As to the number of students, we learn by counting them up, and not from the exceedingly erroneous “summary” of figures in page 36, that in the Department of Science, Literature, and the Arts, there are 285, viz: in the first year’s course, 52; in the second, 57; in the third, 59; in the fourth, 35; in select courses, 42; and of resident graduates, and students in special courses, not otherwise designated, 40; in the Department of Medicine and Surgery, 169; and in the Department of Law, 92; making in all 546. These numbers indicate a very high degree of prosperity, and must be regarded as reflecting credit upon those to whom its general affairs have been entrusted. From a moderate beginning, the University of Michigan has come to be a fact of no small importance in the history and condition of the State, and indeed of the country, and from the foundation already established, if the management continue to be wise, and in accordance with the requirements of the times, it must con-

tinue to prosper, and maintain its position among the very first institutions of learning in the country, as it now stands first among those of the enterprising and energetic West.

A. B. P.

THE USE AND ABUSE OF TOBACCO. By JOHN LIZARS, late Professor of Surgery to the Royal Col. of Surgeons, and Surgeon to the Royal Infirmary of Edinburgh. From the 8th Edinburgh Edition. Philadelphia: LINDSAY & BLAKISTON, 1859.

This *brochure* of 138 pages contains a faithful exposition of, and an earnest protest against the pernicious habit of Slow Tobacco poisoning, so exceedingly common among us, sapping the energies of so many of our young men. Agreeing with the author in his leading object, we commend the work to the attention of all.

A. B. P.

The Woman's Hospital Association of New York.

We see from the secular papers that the Fifth Anniversary of this Association took place on a recent occasion, at the building temporarily occupied as a Hospital for the treatment of Vesico-Vaginal Fistulæ, and similar accidents and diseases of women, under the charge of Dr. J. MARION SIMS. Our readers may not all know, that an organization for placing Dr. SIMS in a position to extend the benefits of his very successful mode of treatment in these distressing cases, has been formed by some of the leading ladies and gentlemen of New York;—that the State has presented the Institution with \$10,000, with encouragement for further aid provided money was raised from other sources;—that the city of New York has presented it with a large and healthy site for the Hospital of a whole square, designed to include a Lying-in-department;—that a building 300 feet long by four stories high, containing at least 200 beds, and costing \$200,000, is in contemplation of as speedy erection as possible—that during the past year in their temporary and limited rooms, 158 patients have been admitted, of whom 83 have been permanently cured, 40 permanently relieved, 2 died, and 3 incurable,—30 remaining under treatment;—and that patients to the Institution have been supported from nearly every State in the

Union, from Central and South America, from the British Provinces, and from England and even China.

We rejoice at these evidences of success, not merely on account of the relief afforded to suffering, but for the appreciation of the merits of Dr. SIMS by non-professional citizens of New York, as well as by the profession throughout this country and Europe. On the occasion of the Anniversary referred to, Drs. FRANCIS STEVENS, and GREGORY, and Hon. J. W. BEEKMAN and PETER COOPER,—the Revs. Messrs. PRIME and WILBURN made speeches, and PETER COOPER made a munificent donation of \$15,000 towards the building.

We congratulate Dr. SIMS and the ladies of New York, who have so warmly sympathized with him, upon the prospects of their enterprise. It is honorable alike to them and him, and also to a department of American Surgery, which he so ably represents.

A. B. P.

ALCOHOL: Its Place and Powers. By JAMES MILLER, Professor of Surgery in the University of Edinburgh, Surgeon in Ordinary to the Queen, for Scotland, &c., &c. From the 19th Glasgow Edition. Philadelphia: LINDSAY & BLACKISTON, 1859.

The subject of the little volume, whose title is as above, must be acknowledged to be one of very great interest and importance—interest as a scientific question, and importance, as proper decisions of the questions involved, and accordant action upon them, have such intimate relations with the welfare of mankind. Fortunately or unfortunately—for good or evils, alcohol has a place in nearly all civilized, and most barbarous communities, and deeply influences the weal and woe of a large portion of the human race. That it does incalculable harm, none deny, while it is capable of good most believe. An article of such immense capabilities, and really exerting so much power, is certainly worthy of careful examination and study, and deserves more scientific attention from the profession than it receives. As a basis of social custom and of legislative action, its character and place should be accurately determined. Though many of the facts in relation to this subject are open to the observation and judgment of all, so that whosoever runs may read, yet there are others more hidden and obscure, capable of being un-

derstood by members of the medical profession alone—by those familiar with the elements of nature—with the chemistry, physiology, pathology and therapeutics. This class of facts, it is the duty, as seems to us, of the profession to bring before the public. In the work before us such an attempt is made, and on the whole, with success.

The author refers to the able and more scientific work of Dr. CARPENTER on “The Physiology of Temperance and Total abstinence,” and of Dr. CHARLES WILSON, on “The Pathology of Drunkenness,” as excellent, trustworthy and telling; but says a desire has been expressed to have a more homely exposition of the matter, and one more accessible to the popular hand and mind, and he has not felt at liberty to decline the task.

He takes the broad ground, but the only one at all tenable on any scientific basis, that alcohol is a *poison*—that in Chemistry and Physiology, *this is its proper place*—quoting the highest authorities in the profession, and referring to well known facts to substantiate his position. This is by no means inconsistent with the fact, as he plainly shows, that it may be useful as a *medicine*, any more than that arsenic, morphine, or prussic acid, may not be useful because they are poisonous. The fact is that all these articles, including alcohol, in whatever combinations or mixtures presented, should be placed together, so far as the question of poisons is concerned;—regarded as disturbers of the physiological or healthy actions, and beneficial only in relation to morbid conditions—as useful only in modifying diseased actions. What are the simple facts? All these articles in certain quantities, but independently of bulk or any mere physical or mechanical qualities, when taken into the animal organism, will produce death. In certain diminished quantities, though death may not follow, serious toxicological effects are manifest. In still smaller quantities, less decided, but still appreciable deviations from physiological actions are induced, while the quantities may be so reduced that no effects are perceptible. In each of these particulars all the articles agree—and further, those especially which are narcotic, agree, under certain circumstances, and particularly when their use becomes habitual, in rendering the sensations more agree-

able, and causing temporarily some of the functions to be more actively performed. By all the articles, when these impressions are habitually made, and in proportion to their frequency and profoundness, will the powers of the organism be injured — exhausted and deranged. All are capable of producing beneficial effects in certain diseases to which they are adapted — though opium, for instance, much more frequently than alcohol, and arsenic, perhaps, than prussic acid; yet, in all particulars relating to the question of poisons, they agree, and must be all looked upon in the same light by every scientific man. These are simple facts impossible to be denied, and the fair inference seems to be that the articles should be avoided in the healthy or physiological condition, and in morbid conditions should only be resorted to for strictly medical effects, and should be discontinued the moment these effects cease to bear a curative relation to morbid conditions existing. Man was no more created with reference to the use of alcohol than to that of opium or any other poison. The use of any of these articles may become general in a community or habitual with an individual, under the influence of fashion or custom; but this fact, lamentable as it is, does not interfere with the other fact, that the articles are poisonous and destructive.

In this same category, we might and should have included tobacco, and the sad history of all these articles is in melancholy accordance with the principles announced. Disease and misery (though in different degrees in the different articles), have ever followed in the wake of their habitual use. It would be an imputation upon the wisdom of the Creator to suppose, that an article so frequently, yea, so constantly inflicting the most terrible moral and physical evils upon humanity, as alcohol does, wherever its use is generally indulged, should be made necessary for the highest development, or in health for the well being and permanent comfort of man. It is not so, and all reason and all experience cries out against this position.

It would give us pleasure to follow Prof. MILLER through his volume, giving some of his arguments, facts, and statistics, but we have not space, and can only commend the book to our readers.

Before leaving the subject, we cannot refrain from referring our readers to the article in our January number, "On the effects of the use of Alcoholic Liquors in the Tuberculous Diseases, or in Constitutions Predisposed to such Diseases" — an original review written by our colaborator, Dr. M. A. PATTERSON, but by mistake placed under the head of "Selected Articles, Abstracts, &c. In the Essay of Dr. JOHN BELL, of N. Y., there referred to, and in Dr. P.'s article itself, the modern and American, but as we for some years have believed, the erroneous doctrine, that alcoholic liquors have special tendencies to prevent and cure consumption, have received a blow from which it will not readily recover. That tuberculosis is better treated by a generous diet, tonics and outdoor exercise, than by low diet, digitalis, mercury and antimony, with confinement to a chamber, no one now doubts — even though under the new plan alcohol be indulged in — but that it is of itself especially prophylactic or curative, is a delusion sustained neither by reason or facts. We believe that alcohol has received credit due to the concomitant good diet and out-of-door exercise.

A. B. P.

Proceedings of Eighth Annual Meeting of Michigan State Medical Society, held at Coldwater, January 18th, 1860.

The Society was called to order at three o'clock, P. M., Vice-President Dr. M. GUNN in the chair.

The Secretary being absent, on motion, Dr. WM. BRODIE was appointed Secretary *pro tem*.

On motion, the reading of the minutes was dispensed with, they having been printed and distributed.

Members present, Dr. M. Gunn, V. P., Dr. Wm. Brodie, Secretary P. T., Dr. S. M. Axford, Dr. J. H. Beech, Dr. S. S. Cutter, Dr. A. F. Whalen, each of whom paid the annual fee.

On motion, the Secretary was authorized to pay the expenses of printing notices of meeting in the Detroit daily papers.

There being so few members present, owing to the want of the proper notification through the usual channel, it was deemed advisable to defer all business pertaining to the meeting, and adjourn to some other place. Therefore, it was unanimously

Resolved, That the Society adjourn to meet at Ann Arbor at two o'clock of Commencement Day, being the 29th day of March, 1860.

WM. BRODIE, *Sec'y pro tem.*

A Good Appointment

The new Medical School in Chicago,—the Medical Department of "Lind University," noticed in our last number, has secured for the Chair of Anatomy, Prof. TITUS DEVILLE, an Englishman by birth and education, but who has been engaged for several years past as a teacher of his favorite Department in the School of Medicine in Paris.

From a knowledge of Prof. DEVILLE's reputation in Paris, as well as from a personal acquaintance with him, we can heartily congratulate our Chicago friends in having secured his services, feeling assured that a more competent, zealous, and thorough teacher of Anatomy it would have been impossible for them to have found, searching where they might. We understand he is winning golden opinions of his colleagues and class as a teacher; and in consideration of the many kindnesses shown us while among strangers in Paris, during our recent sojourn there, we have great pleasure in bearing this testimony to his merits, and in hoping him a long and prosperous career in the home of his adoption.

A. B. P.

To the Subscribers of the Peninsular and Independent Medical Journal.

The publishers beg leave to state that though our rule has been to require payment of yearly subscription in advance, yet there is a large number of names on our books to whom the JOURNAL has been sent regularly, and who have not yet paid the fee of two dollars due for it.

We have sent to these, out of respect for them as patrons of the former Journals, the consolidation of which formed the present one, and regret to say that the payment of our just dues from these sources, forms a poor encouragement indeed for us to continue the publication of the JOURNAL.

We hope that all who find their attention called to this by a pencil mark, will understand that this statement addresses it.

self particularly to them, and that they will immediately respond by paying subscriptions now long past due.

HIGBY & STEARNS.

Please do us a Favor?

HIGBY & STEARNS, the publishers of this Journal, having recently made arrangements whereby they will hereafter keep a full supply of the *Artificial Teeth* of MESSRS. JONES & WHITE, in addition to those they heretofore have kept from other makers, wish to make it generally known to the Dental profession, and will feel obliged if the readers of this Journal throughout the State, would mention the fact above stated to the Dentists residing in their respective neighborhoods.

It is also our intention, during the coming season, to largely increase our stock of goods required by Dentists, in the way of Instruments and appliances for mechanical dentistry.

The Leaf Sets of Furniture Labels.

We have received from MESSRS. SAGE & SONS, Lithographers, Buffalo, samples of their new furniture labels, which in point of novelty, quite surpass anything in that line hitherto published.

The form adopted, is the shape of the leaf of the Twin-leaf plant, *Jeffersonia diphylla*, being printed on dark blue paper, with fine bronze. The effect is quite striking, and we trust the enterprise of the publishers will meet its due reward.

They also issue a set of labels expressly for physicians and small dealers, less complete in point of number, and of smaller size. The style, however, of this is neat and quite new.

These labels may be had in Detroit of MESSRS. HIGBY & STEARNS.

Correction.

The original article in our last issue, on the effects of the use of alcoholic liquors in tubercular diseases, or in constitutions predisposed to such disease, written by our

friend Dr. M. A. PATTERSON, was placed by an inexcusable oversight on our part, in the department of selections, usually made by him, and without due credit having been given him for it. [ED.]

Selected Articles, Abstracts, &c.

ABSTRACTS AND SELECTIONS for the PENINSULAR AND INDEPENDENT.

By M. A. PATTERSON, M. D., Tecumseh.

Gelsemium Sempervirens.

At the request of the editor of the New York *Medical Press*, Dr. B. KEITH, of New York, has furnished that Journal (January 2) with his experience of the utility of the Gelsemin in certain morbid conditions of the human organism. For controlling febrile and inflammatory affections, we have found its action less prompt and reliable than the veratrum viride. We are certain, however, that it possesses therapeutic properties distinct from the veratrum, and which have not been claimed for that article. The following quotation from Dr. KEITH'S remarks, may serve to stimulate some of the readers of the JOURNAL to test the accuracy of the writer's views, and also to communicate their observations to the public regarding the medical powers of this agent:

"For controlling fevers of every type and grade; to arrest hemorrhage from the lungs, stomach, bowels, uterus and urinary organs; in dysentery and bowel complaints; in spermatorrhœa, amaurosis, deafness, catarrhal affections, hay-fever, I have used the Gelsemin successfully. A single half grain has arrested hemorrhage from the lungs, when all other remedies known to me had failed. While experimenting with it to ascertain its power for arresting hemorrhage, I gave to a lady who had been confined two days previous, one and a half grains during twenty-four hours, which amount completely arrested the hemorrhage. I administered two grains during the course of thirty-six hours, to a lady who had been suffering from uterine hemorrhage for two months, and that small quantity completely stopped the flow. So effectual is it in this form of hemorrhage, that I consider it quite a specific. In dysentery and bowel complaints, I consider it the most valuable article in the *Materia Medica*. From one-tenth to one-eighth of one grain administered after each discharge, will shortly stop all hemorrhage and traces of the disease.

In spermatorrhœa, I believe the Gelsemin to be invaluable. I have administered it in cases of five years standing, without a single instance of recurrence of the difficulty. If there were no other qualifications to recommend the Gelsemin than the one just mentioned, that is sufficient to call it to the use of practitioners of medicine.

I rely almost entirely upon it in cases of amaurosis, and believe that its continued use would result in a cure in a majority of cases.

In deafness, the effects of the Gelsemin are very marked. While

under its influence the patient can hear readily common conversation, and even the ticking of a clock. When that influence has passed off, the deafness returns. The medicine should be continued until a marked improvement is observed. As a local application, I use the following:

R. Gelsemin, gr. j.
Aquæ, gts. xl.
Misce.

Put on a little cotton and apply to the ear.

I have found very beneficial effects follow the use of the Gelsemin in catarrhal affections and hay-fever, and would recommend the article to the medical profession for use in those cases. In dry coughs, dependent upon irritation of the throat, it is the most prompt agent I have ever used. In nausea and vomiting I have used it, many cases yielding to a single dose of one-fourth of one grain.

I would here remark, that, as the Gelsemin is a medicine of great power, caution should be used in the administration. For some cause, which I am unable to explain, persons of lymphatic temperament, cannot bear more than one-half the quantity that can be safely administered to adults of other temperaments.

The following prescription I have used in epileptic fits with favorable results:

R. Gelsemin grs. iv.
Podophyllin, gr. viij.
Misce.

Divide into sixteen powders, and administer one at night.

A very convenient preparation of the Gelsemin, is the concentrated tincture, dose five to twenty drops."

Cannabis Indica in Gonorrhœa.

In the *Oglethorpe Medical and Surgical Journal*, Dr. M. D. MOONEY, speaking of the influence of cannabis indica in the affection, remarks: "I used the following prescription in four cases of gonorrhœa, and was successful in every case, in from five to seven days:

R. Sugar of Milk, $\frac{3}{4}$ ss.
Ext. Ind. Cannabis, 20 grs.

Mix well together and divide into sixty powders, one to be taken every three or four hours. This prescription, I am persuaded, will relieve the most obstinate cases in a short time." The extract used by Dr. M. was prepared by HERRINGS & Co., London.

Gout and Its Remedy.

In the *London Lancet* for December 10th, Mr. L. M. BENNETT, of Winterton Brigg, England, endorses the views presented by Dr. THOMAS GARNETT, of London, in 1804, respecting the cause and cure of gout; expressed by Dr. GARNETT substantially as follows: "I believe there never was one instance of a person having the gout wh^o

totally abstained from every form of alcohol, however he might live in other respects; and I doubt if ever the gout returned after a person had abstained from fermented or spirituous liquors for two years." Dr. BENNETT says: "Nearly thirty years' experience and observation have convinced me that Dr. GARNETT was quite correct in his observations as to the cause and cure of the painful malady; and my object in now writing is to inquire if any of your numerous readers can inform me if they have ever met with a case of gout in a person who totally abstained from every form of alcohol, or was not perfectly cured by abstaining from the same for two years. When I say gout I do not mean rheumatism."

Supulin in Delirium Tremens.

Dr. D. S. GLONINGER, of Philadelphia, has an article in the *Medical and Surgical Reporter* for December 31, highly commendatory of lupulin in delirium tremens, to induce sleep, the main indication, with the least possible risk. He has used the "brandy hops" a favorite with Dr. M. HATFIELD, made by saturating hops with brandy, and after nine weeks it is fit for use, but prefers "a tincture made by displacing the lupulin with the best brandy." He regards this medicine as perfectly safe, and states that it may be given *ad libitum* without danger. "During its administration the patient becomes saturated with it, his skin adnata, and secretions are tinged yellow; this condition disappears after sleep." He says, Dr. HATFIELD told him that in the treatment of this malady "he relies solely on lupulin or hops, and that he has successfully brought patients through their thirty-second attack, which he thinks impossible under the opium method.

As a diet, we know of nothing better than "butter-milk." It will be retained on an irritable stomach where lime water and milk are ejected."

Treatment of Ingrowing Toe-Nail.

Dr. N. GILMAN, of Hatfield, Massachusetts, (*Boston Medical and Surgical Journal*, Dec. 29), communicates the treatment he has pursued in these cases for over twenty years. Describing his mode of proceeding in a bad case of long standing, he says: "I put a very small piece of tallow in a spoon and heated it over a lamp until it became very hot, and dropped two or three drops between the nail and the granulations. The effect was almost magical. Pain and tenderness were at once relieved, and in a few days the granulations were all gone, the deceased parts dry and destitute of feeling, and the edge of the nail exposed so as to admit of being pared away

without any inconvenience. The cure was complete and the trouble never returned."

Dr. GILMAN has tried this plan repeatedly with uniform success. If Dr. LORINSERS' theory of this affection is correct, he thinks the *modus operandi* of his treatment quite intelligible. "The liquid cautery insinuates itself into every interstice, under the nail, along the fistula into the ulcer at the matrix of the nail, accomplishing in one minute without pain, all that can be effected by the painful application of nitrate of silver for several weeks. Let this simple plan be tried before resorting to the barbarous plan of pulling out the nail, or any other mode of torture."

Achillea Millefolium in Uterine Congestion.

Dr. JAMES WHITEHEAD, in the third Report of the Manchester Clinical Hospital, speaks highly of the efficacy of the common yarrow in uterine menorrhagia and leucorrhœa, the consequence of a "vascular or spongeoid hypertrophy of the uterus." He reports two cases in which the symptoms were urgent, and which were entirely cured, the patient using no other remedy. In one it was given in tincture in doses of a dessert spoonful three or four times a day; in the other, the patient took the decoction. He says, "the grounds upon which this remedy is recommended as an anti-hemorrhagic, are not limited to the experience above cited, I have used it pretty freely in private practice about three years, and the results now stated go entirely to confirm those of previous years" — *Boston Medical and Surgical Journal*. This is an old remedy revived. Milfoil, or common yarrow for many years was as favorite a domestic remedy in some sections of the Union for hemorrhagic and leucorrhœal discharges, as was *Trillium Pendulum* or bethroot in other sections for similar maladies. In our experience the yarrow proved superior to the bethroot in menorrhagia, and the latter more efficacious than the former in leucorrhœa, and also in cases of hemoptysis arising from tubercles. It is probable that both remedies are entitled to more credit than they have received from the Profession.

Oxide of Zinc in Chronic Intoxication.

Dr. MARCET, of Westminster Hospital, reports, (London Lancet), the treatment of twenty-seven cases of chronic intoxication, with Oxide of Zinc in doses of two grains twice a day, gradually increased to three or four times that quantity at a time. Under this treatment, some of the victims of slow alcoholic poisoning were cured, and others much improved. Six of the number remained under treatment, and two ceased attending after one or two visits.

MURIATED TINCT. OF IRON IN INTERMITTENT FEVER.

From the same transactions, we learn that the physicians of Brooklyn, N. Y., and vicinity, have been greatly embarrassed by the peculiar obstinacy of the intermittents which have prevailed there during the past season. Cases of masked intermittents popularly known all over the west and south-west as "*dumb agues*," were common. The usual anti-periodic remedies frequently failed to interrupt the paroxysms. "Dr. BELL stated, that in the '*fièvre pernicieuse*' of the American tropics where the congestive stage is highly dangerous, and usually fatal on the second or third recurrence of the paroxysm, he had frequently cut it short on the eve of the chill by quinine and piperine in very large doses—a drachm of quinine and a scruple of piperine, given at one dose. But, although he had frequently had his ingenuity taxed to the utmost in the treatment of these severe forms of intermittent in various regions, he had generally found them curable—which was not the case with some of the now prevailing intermittents of Brooklyn. His experience had been like that of others in the severe forms of the ordinary type of this disease, viz.: when quinine failed, by combining arsenic or piperine, it could be cured. But there were cases now in the Brooklyn City Hospital which had been repeatedly arsenicated; yet, in less than a week the paroxysms would recur, and most of them would run three weeks, no matter what the treatment, while others would last twice as long."

Dr. Cook stated "when the ordinary means fail, he has usually succeeded by giving large doses of *muriated tincture of iron*, one dose of a fluid drachm just before the time of the expected chill and where this is irregular, the same quantity several times a day.

Dr. DUDLEY had also used the same remedy, but oftener the citrate of iron, and quinine with good success."

Intermittents have been unusually obstinate in most sections, where they have prevailed in Michigan, during the summer and autumn of the past year; but we have not learned that they have proved as unyielding as the forms encountered by our Atlantic friends. With us the muriated tincture of iron, in drachm doses, will be regarded as novel treatment. To prevent the return of the paroxysms, we have found the pills recommended in EBERLE's Practice, composed of Sulph. Zinci and Capsicum, of equal value.

CLERICAL QUACKERY, BY O. C. GIBBS, M. D., FREWSBURGH, N. Y.

There are, perhaps, no persons who exercise more influence in their respective communities than the clergy. The ignorant and vulgar particularly, look up to their minister for light and correct opinions upon all matters, whether concerning spiritual or temporal things. There are thousands and tens of thousands in our boasted land of liberty and enlighten-

ment, who are in the most abject mental servitude—wearing their priestly chains with great complacency, voting as their pastor tells them is right—and trust their lives in the hands, and gild the pockets, of such quacks who happen to be fashionable at the time with him who meekly dispenses religious ceremonies. Why ministers of the gospel of Christ, who should be members of an honest, liberal, high-mined, and learned profession, should see it their duty to eschew medical literature, science, and learning, and give their influence to the support of ignorance, quackery, and the most arrogant pretenders, is beyond human comprehension. There are, scattered over the land, many honorable exceptions, who give to the educated, high-minded, and honorable physician, who has devoted his life, and all his mental and physical energies to the welfare of the race, the right hand of fellowship and encouragement.

The above thoughts were suggested on listening to a public discourse by a talented divine, in which he gave expression to the following idea: "Physicians are a useless excrescence, an expensive vampire, upon society. When a man's time has come, he will die in spite of all the physicians in the world; and when his time has not come, however sick he may be, he will recover as well without, as with, medical aid." Against such doctrines we enter our decided protest, as they develop the most objectionable feature of fatalism.

Why does not their advocate act honestly, discontinue his ministerial labors, and relinquish his comfortable salary? It is a legitimate deduction from the doctrine to say, that those God has designed to save will be saved without preaching, and those whom he has not designed to save, no amount of ministerial labor can affect? If his child should fall from a bridge into the river, would he stand composedly upon the shore and reason thus? "If his time has come he will drown; in spite of all my efforts to save; and if it has not come, he will get out some way, without my wetting myself to accomplish his rescue." The parent who would reason thus, would be considered a brute, or a fit subject for a mad-house. The clergyman that will use his ministerial influence, in the sacred pulpit and in private intercourse, to the disparagement of medical science,—who will say that the administration of medicine is always worse than useless, and that physicians are an expensive excrescence upon society, we consider either a knave or a fool.

There are thousands of deaths annually which are insultingly ascribed to the providence of God, that are really attributable to the foolishness of of man. Christ, our great exemplar, used instrumentalities for the cure of the afflicted: the eyes of the blind were anointed, and the leprous were sent to wash repeatedly in the pool of Siloam.

There is no class of men who receive so many gratuities at the hands of physicians, as the members of the clerical profession; and, according to our observation, there is no equal number of intelligent men that so abuse their influence to the injury of regular medicine.

In our little village, we support four clergymen. One of them gave expression to the quotation given above; one is a Thompsonian, one a Homœopathist, and one a believer in the all-healing virtues of cold water. Neither has any scruples to use his ministerial influence for the advocacy of his own peculiar doctrines.

In our first three years of medical practice, we were followed to the bedside of almost every sick one, by a clergymen, who had no compunctions of conscience in countermanding our orders, and advising the various uses of water instead. On one occasion, he called on a good sister, and greatly to his surprise, found her laboring under great pain in her bowels. He advised her not to delay another day, but to go to the Water Cure (some 60 miles distant), where a perfect and permanent cure would soon be effected. She said she had sent for her physician, in whom she had confidence, and had no doubt she should soon be better without the necessity of leaving home. He urged the matter still, and with such warmth and pertinacity, that one of the good mothers was obliged to inform him that the lady was in the first stage of labor, and that her physician would soon be there, and that his visit would be more acceptable at some other time. Two years later, the clergyman's lady attempted to superintend the accouchment of this same woman; and death to both mother and child was the result.

In either of the professions, the field of labor and of study is wide enough for the ambition of any man, however extended his researches or capacious his powers. Having a common origin and a common object—originating in sin, and having for their object the amelioration of the physical, moral, and social conditions of the race—there should exist in the professional *trio*, a bond of union and of sympathy, surpassed nowhere else in science or in social relations. Man can, if he will, deal justly with his fellows, in which event, if universal, the profession of law would be a superfluity; with the Divine Law and God's revealed will before him, he might so attune his actions, in conformity with the healthy existence of the soul, as not to require the services of doctors of divinity; but say what we will, the profession of medicine is a necessity that cannot well be dispensed with. Man's nature gravitates towards the grave, and disease and pain are casualties by the way, depending upon causes ever at work, over which the human judgment has, at least, but limited control. Cuts and bruises, dislocated joints and broken bones, no human foresight can wholly prevent. The poisoned air of an unhealthy climate, and the vicissitudes of an unpropitious season, are beyond human agency and control. The breeze that brings upon its wings the seeds of the pestilence and the plague, can only be rendered salubrious, if at all, by such instrumentalities as the science of medicine has only made known. "Then give place to the physician, for the Lord hath created him: let him not go from thee, for thou hast *need* of him," said one of old; and that *need* has and will continue, so long as children are borne, whose very cradles rock diseaseward, and whose every subsequent footstep is toward the grave.

Our clerical friends should remember that physicians have had no light of revelation to guide them, but have been obliged to search for truth in the wilderness of ignorance; their very way hedged in by prejudice, superstition, legal enactments, and penal enjoinders. If they see us giving countenance to what they suppose to be errors, let them check their vanity, by inquiring how long it is since women were hung or burned for witchcraft by *their* sanction.

[*Buffalo Medical Journal.*]

ON MARSH SELINUM AS A REMEDY IN EPILEPSY, &c. BY DR. TH. HERPIN.

In the July number of the *Journal de Pharmacie et de Chimie* for the present year there is an article on the above substance, in which it is recommended as a remedy in epilepsy and some other nervous affections. From this paper it appears that this remedy was first discovered in 1807 by Dr. Trinius, a Russian physician, who obtained the secret from a peasant, who had employed it with much success in epilepsy. In 1818, Dr. Trinius related these facts to the Physico Medical Society of Moscow.* In 1826, it was tried with success in epilepsy by some Swiss physicians, who reported the same to the Medico-Chirurgical Society of Zurich.† In 1827, Peschier published an analysis of the root of the above plant, and also narrated several cures obtained by its use.‡ From 1827 to 1852, nothing original appeared regarding it, but at the latter date Dr. Herpin published a Treatise on epilepsy, in which several articles were devoted to it.§ Since that period, Dr. Herpin (the author of the present paper) states that he has had much further experience in the use of the *selinum*, having employed it in a great number of cases, and, feeling certain that the remedy does not deserve the oblivion into which it has fallen, he has now made known his researches upon its natural history, physiological effects, posology, &c.

Natural History.—The author shows that the marsh selinum, which belongs to the Nat. Ord. *Umbelliferae*, has received various names by different authors. Thus, it is the

Selinum palustre (Linn. De Cand.)

Selinum sylvestre (Jacquin).

Selinum thysselinum (Krantz).

Thysselinum pulustre (Hoffman, Koch., Gaudin).

Thysselinum Plinii (Sprengel).

Thysselinum sylvestre, pulstre et angustifolium (Reichenbach).

Thysselinum sylvestre (Vaucher).

Peucedanum sylvestre (De Candolle).

Peucedanum palustre (Moench, Duby, Cosson et Germain, Grenier et Godron, Boreau et Godet).

* Memoires de la Soc. Phys. Medic. de Moscou, t. iii., p. 86.

† Verhandl. der Medic. Chirurg. Gesellsch der cant. Zurich, 1826, pp. 16 et 122.

‡ Actes de la Societe helvetique des Sciences naturells, en 1827.

§ Du Pronostic et du Traitement curatif de l'Epilepsie. Paris, 1852, Bailliere, pp. 594 et suiv., 642 et suiv.

The author then shows that the last name is the one by which the plant should be distinguished, and afterwards gives a botanical description of it under that name (*Peucedanum pulstre*), and then makes known its habitats. The root (the part used) is described as branched, fleshy, of a deep brown color externally, white and milky within, having a strong aromatic odor, and an acrid and *piquant* taste.

The plant is common in the north and east of France, less so in the centre and west, and apparently wanting in the south. It is also found in certain parts of Switzerland, Germany and Russia.*

Materia Medica.—The root is the only part of the plant which has been employed, but the fruit has a similar taste, and hence the author supposes that it would possess somewhat analogous properties. The dried root resembles that in a recent state in its odor, taste, and color, although in the latter particular the brown color is less deep. The powder is described as of a bright yellow, bordering on grey.

According to Peschier, the root contains *a volatile oil, a fatty oil* soluble in ether and alcohol at 34° C. (= 93° Fahr.), *gummy matter, a yellow coloring principle, a nitrogenous mucoso-saccharine principle, a peculiar acid*, which it is proposed to call *selinic, phosphate of lime, and woody matter*. The oleo-resinous matter constitutes an eighth or tenth part of the root, and hence Peschier recommends an alcoholic extract as the best preparation. The author, however, says that he has had but little experience in the use of such an extract, but judging from his own experience, he prefers, and always employs, the powdered root.

Physiological Effects.—The selinum appears to act principally upon the parts connected with digestion. In seventy-nine cases in which it was tried by the author, a somewhat purgative effect was observed in half of them, and in a few instances nausea, gastralgia, or dyspepsia was noticed, although in a trifling degree only. In no case was any injurious effect produced upon the general health, but, on the contrary, its use appeared, in some instances, to have a beneficial influence. In the majority of cases in which it was employed it exercised a very favorable influence upon menstruation, and the disorders incident thereto.

Posology.—In the treatment of epilepsy the author was accustomed to administer the selinum three times a day; but if, in the course of the treatment, the patient suffered from diarrhoea or colic, the number of doses was reduced to two, or sometimes to one in a day. The commencing weekly dose for an adult was 30 grammes (= 463 grains), which was divided into 20 doses, and administered at the times above stated. This dose was increased weekly by 15 grammes, until it became 120 grammes, which quantity would be arrived at in the seventh

* This plant is generally known in England under the above name of *Peucedanum pulstre*. It is a rare plant with us, but may be occasionally found in marshy and fenny districts.
—Ed. *Pharm. Journ.*

week. In the eighth week the dose was increased to its maximum, namely, 125 grammes; and this weekly dose was continued for six weeks longer in those cases in which the remedy was unsuccessful, and for a much longer time still if an evident remedial effect was observed. The dose for children from seven to fifteen years old was reduced by a third, and for infants by two-thirds.

Therapeutics.—The author states that in 1852, with his then limited experience, he arranged the four medicines which had succeeded with him in the treatment of epilepsy in the following order: selinum, oxide of zinc, ammoniacal sulphate of copper, and valerian; but with his present experience, without changing the order of the three last, he would remove the selinum from the first to the fourth rank, but at the same time preserving for it an important value.

The author thinks that it would be desirable to try the selinum in other nervous affections, as hysteria, chorea, &c. He also says that he has recently obtained most favorable results with it in a case of hypochondriasis and in three cases of hoopingcough. Dr. Herpin concludes his communication by expressing further confidence in the future success of the selinum, in consequence of discovering in the works of Dioscorides a discription of a *Peucedanum*, which had very many analogies with that of *Peucedanum palustre*, and which was stated by him to be useful in epilepsy and other nervous affections, in retention of the menses, catarrh, &c. The *Peucedanum* of Dioscorides, however, differs from the present species (*P. Palustre*) in several particulars; thus, it has yellow instead of white flowers, and is found in mountainous districts, not in marshes. It appears to the author to be the *P. officinale* of modern botanists.* This *Peucedanum* is mentioned by Pliny, and is alluded to also in most of the treatises on *Materia Medica* until the close of the last century, but it has since fallen into disuse. The author proposes again to try its effects. [Pharm. Journ.]

THE USE AND PROPERTIES OF PERCHLORIDE OF IRON.

In answer to several correspondents on this subject, we subjoin the following, which has appeared in the medical journals:—

“The solution of this persalt is now almost universally employed to arrest arterial or venous hæmorrhage, resulting either from accident, or as a consequence of surgical operations. It has also been found useful in intestinal hæmorrhage; in one case in particular, M. Demarquay, of Paris, administered morning and evening, enemata of seven ounces of fluid, with twenty drops of the concentrated solution of perchloride of iron, and a tablespoonful of the perchloride syrup (five or six drops to the tablespoonful), where the hæmorrhage from the bowels was considerable, and had

* The *P. officinale* is found in some parts of England, but not in mountainous districts as mentioned above by the author, but in salt-marshes in Kent, Essex, &c.—Ed. *Phar. Jour.*

resisted the ordinary remedies. The result was extremely satisfactory. The same surgeon relates a second case of extensive abscess of the shoulder where an injection of iodine caused severe hæmorrhage. This was arrested by throwing into the sac a lotion composed of seven ounces of water and ten drops of the perchloride.

"In gonorrhœa and leucorrhœa, injections of the perchloride have been tried with success in weak and lymphatic subjects, the proportion of the perchloride being twenty drops to three ounces and a half of water.

"AS A HÆMOSTATIC.—1. As a local or external hæmostatic, 3 to 5 parts chloride of iron to 100 parts of distilled water. Lint soaked in this mixture is to be applied with more or less pressure on the seat of hæmorrhage. 2. As an internal hæmostatic, 1 part of chloride of iron to 500 of distilled water, sweetened to taste. One tablespoonful to be given every hour, or oftener if necessary. This formula suffices to check the fiercest hæmorrhage within twenty-four hours. The same formula, without sugar, forms a useful uterine injection or astringent lavement in cholera, of 4 to 15 parts of chloride of iron to 30 of axunge."

In a letter to the *Medical Gazette*, Aug. 27th, Mr. J. Zachariah Lawrence states that having, a few months ago, drawn the attention of the profession to the powerful local styptic properties of the *solid* perchloride of iron, he has since that time found a superior method of employing it. "If the solid perchloride of iron be kept in a bottle, a small portion of it after a time deliquesces into a thick brown fluid, which is constantly kept in a state of super-saturation by the undeliquesced portions of the salt. This liquid, applied by means of a spun-glass brush to a bleeding surface, arrests the bleeding almost instantaneously. This mode of application is particularly valuable in applying the styptic to such cases as excision of the tonsils, bleeding from the deeper-seated gums, &c." [Phar. Jour.

QUINIC ETHER.

M. Eissen has recommended in the *Gazette Medicale de Strasbourg*, the use of quinine, introduced into the air passages, for the treatment of intermittant fevers. The process consists in the inhalation of quinic ether—a combination made by M. Manette, and first used by M. Pignacci, of Milan.

The substance, still incompletely defined, in a chemical point of view, is obtained by means of the distillation of alcohol, treated by sulphuric acid (theory of ethers), in presence of the quinate of lime. The product of this distillation is a liquid perfectly limpid, colorless, of an agreeable odor, less volatile than sulphuric ether, but still sufficiently volatile to evaporate at an ordinary temperature, without leaving a deposit. It deserves, then, the name of ether; and its therapeutical action, besides, seems to justify the qualification of quinic which has been given to it.

Quinic ether, says M. Eissen, fills all the necessary conditions of a good therapeutical agent. It acts, at the same time, *tuto cito et jucunde*.

Inhaled in the dose of a few grammes (2 to 3), as chloroform is generally employed upon a compress, it checks a commencing access, and prevents a return of subsequent accesses. In all the cases in which it was tried, the access gradually yielded, never to return, when the fever was simple, or under a very mild form, in cases of decided cachexia.

Since the first trial upon patients in Lombardy, who could not be suspected of being slightly affected, other trials have been made by Prof. Groh, at Olmutz, and with the same success. The results have been the same—whether the inhalation was made before or during the pyrexia, the access was lessened in character in a marked degree, and the next anticipated access prevented, in the majority of cases—the tumefaction of the spleen disappearing at the same time. The inhalation, far from being disagreeable, was followed by good results, or of a sensation of decided amelioration. We may add that, in their experiments, our learned confreres, whose names we have cited, were careful to establish negative proofs to confirm their judgment. They submitted a certain number of fever patients to inhalations of pure sulphuric ether, or sulphuric ether holding sulphate of quinine in solution. The inhalations of pure ether produced no other effect than that of increasing, in an insupportable manner, the hot stage; while in those taking the ether containing the quinine, some anti-periodic effects were observed, after large quantities of the remedy were absorbed; but in severe cases these effects were so slight, after long trials, that the patients themselves, solicited more energetic measures.

[*Amer. Med. Mon. and N. O. Med. News.*]

GLYCERINE OINTMENT FOR THE ITCH.

M. Bourguignon, so well known in Paris by his successful researches on “the *acarus scabiei*,” has published in the *Gazette Medicale* the following formula. One general friction, not preceded by soap ablutions, is sufficient:—Yolks of two eggs; essence of lavender, lemon, and mint, of each seventy-five drops; essence of cloves and cinnamon, of each 120 drops; gum tragacanth, half a drachm: well pounded sulphur, twenty-six drachms; glycerine, thirty-two drachms. Total weight, nearly eleven ounces. Mix the essences with the yolks of egg, add the gum tragacanth, make a good mucilage, and then add very gradually the glycerine and sulphur. Many cures have been obtained by this preparation, which has the advantage of giving no pain. The well-known Helmeric ointment being really useful. M. Bourguignon has modified it, and substituted glycerine for the axung. In the altered form the preparation is not any dearer, as efficacious, and less painful than the original ointment. It does not grease the cloths, and has an agreeable perfume. Gum tragacanth, fifteen grains; carbonate of potash, thirteen drachms; well pounded sulphur, twenty-six drachms; glycerine, fifty-two drachms; essence of lavender, lemon, mint, cloves, and cinnamon, of each fifteen drops. Total weight, nearly eleven ounces:

make a mucilage with the gum and one ounce of glycerine, add the carbonate, mix until it is dissolved, and then gradually add the sulphur and glycerine; lastly, pour in the essences. With this compound, M. Bourguignon advises two general frictions of half an hour, within twelve hours of each other, and followed, twenty-four hours afterwards, by a simple warm bath, as the glycerine is soluble in water. Two-thirds of the preparation should be used for the first friction, the other third for the second.

Lancet, and Phar. Jour.

TESTS FOR THE PURITY OF CHLOROFORM.

M. Berthe gives the following directions, in the *Moniteur des Hôpitaux*:—Chloroform may contain chloride of elaidine, alcohol, various chlorides, amylic and methylic combinations, and aldehyde. By adding caustic potash to chloroform containing chloride of elaidine, the compound is transformed into chloride of acetylene, the fœtor of which is immediately noticed. In order to ascertain the presence of all the other compounds which may be mixed with the chloroform, especially alcoholic compounds, pound a small quantity of bichromate of potash in a little chloroform, and add to this mixture a few drops of sulphuric acid. If the chloroform is pure, a reddish-brown precipitate of chromic acid is formed; if not pure, the acid is reduced, whilst the precipitate, or sometimes the liquid itself, assumes a green color, dependent on the presence of the sesquioxide of chrome.

[*Lond. Lancet.*

ARSENIC IN MENORRHAGIA, LEUCORRHEA, &c.

In the October number of the *American Journal of the Medical Sciences*, Dr. BURNS, of Ellicott's Mills, Md., speaks of "the great powers of arsenic in menorrhagia, leucorrhœa, hemorrhage in threatened abortion and after delivery, and excessive loeçhial discharge." He says, "My usual plan of treatment has been, in menorrhagia, if called to the patient during the hemorrhage, to give immediately ten to twenty drops of FOWLER'S solution according to the severity of the case, and repeat it in doses of ten drops every fifteen to twenty minutes, until the hemorrhage is checked. I have never had occasion to push it to a dangerous extent. Care must be exercised in its administration, or it will entirely suspend the menstrual secretion. I then give five to ten drops three times a day during the menstrual period, and in the interval three to five drops, three times a day. In leucorrhœa, I give three to five drops of FOWLER'S solution three times a day."

A NEW VEHICLE FOR IODINE.

Dr. Heller, and before him Arneth, Pelikan and Zdekauer, has made

the observation, that as long as the color of the ointment of iodide of potassium is white, not a trace of iodine is found in the urine, which is the case after it has turned yellow, and contains free iodine; he concludes that preparations of iodine for external use must be more active if they contain free iodine. Tincture of iodine, after a continued use for some time, has various disadvantages, and Dr. Heller has therefore tried to employ it in a solution in oil of juniper.

The solution of iodine in the oil must be effected with great care by introducing it gradually in small quantities into the oil to avoid explosion. The solution at first is brown, but gradually decolorizes and corresponds with the formula $C_{20}H_{12}I_4$. It shows no reaction on starch, has no odor of iodine, but smells of juniper berries, and does not color or destroy the skin. After its use, iodine is found in the urine, the saliva and the mucus of the nose. [*Zeitsch. d. Wiener Aerzte*. 1858, and *Am. Jour. Phar.*]

A NEW METHOD OF APPLYING CHLORIDE OF ZINC.

The following formula is recommended by Dr. G. W. SPENCE, of England, for a chloride of zinc paste. Dissolve fifty grains of prepared chalk in two drachms (by measure) of commercial muriatic acid; dissolve one hundred and fifty grains of sulphate of zinc in two fluid drachms of boiling water. When required for use, mix the two solutions, and the result will be a paste weighing near an ounce, and containing about one-sixth of pure chloride of zinc. [*Lond. Lancet*, and *Bost. Med. Jour.*]

GOLDEN SULPHURET OF ANTIMONY IN PNEUMONIA.

At a meeting of the Medical Society of Kings County—proceedings published in the same Journal—"Dr. SIMMS stated that he had used this remedy with signal success in a case of consolidated lung remaining after pneumonia. The case was obstinate and resisted treatment, until he prescribed powders composed of "G. S. of antimony, gr. i, with canabab indica, grs. v." The lung under its use rapidly regained its functions."

NEVER SAY FAIL.

The following literary curiosities deserves to be preserved. A gentleman, resident somewhere on the western continent, was hurriedly passed through a steam doctor mill, and come out a Doctor as slick as an onion. He afterwards got some Doctor books, determining, he said, to learn "both systems." After practicing "both ways," and "all sorts of ways," some years, he determined to get a diploma from a regular medical college, and made application in due form for the honorary degree. He was told that he must write out a thesis, that the Faculty might be able to judge of his pre-

liminary qualifications, when he immediately dashed off the following in very good chirography:

"Ginral simptoms of congistive feavour. small Deprexed pulce, cold Extrematis, cule Dry skin, frecant bateing or palpatation over the Kitneys or the back or lunges. in this deseaze we sildem ar vomit, the treatemint Must Be agreeabe To the strenth and Habit of the patint let yure obgett Be To oppurate will on the kitney and liver and Blead.

Billis feavour.

full high pulce pane in the heade and Back Grate sickniss of the stomack chiles Bleade, vomit, and use Carthickes frealy.

feavour and Ague.

pane in the head Back and shakink vommit purge dont Bleade. use stimalating stimilating Medison To Brake the ague. use Musturd Plastur.

Plurisee.

Pane in the Right side cough spitting Blood Depressed pulce some feavour and thirst cule feet some Times pane in the head. Bleade frealy use carthickes and Exepturants flaxsead Tea Blistering &C.

inflammatory plurisee.

pane in the Left side palpatation of the hart high feavour Read spoets on the cheak at Times. theris But little diference Between this and what is genarly cald wintur feavour.

act on the Liver use Experants flax seade Tea Elum warter Blistur sweating Tea &C. use for Experants 1 Grane quinine 2 Granes Epacack $\frac{1}{2}$ Grane Morphen &C & &C.

."

The above is an absolute fact. We make the present printed copy from the original, only suppressing the signature.

It is unnecessary to say that of course he failed to secure the "honorary degree;" but he is this day in large practice, his patrons contending with Patrick Henry, that "Nateral abilities is far better than the gography, trigonmtry and gomtry of reglar edecation." [Nashville Journal.

A deputation of citizens of Dublin having waited on the Lord Lieutenant to submit to him the necessity of providing the city with fountains of drinking water, the *Medical Press* of that city profits by the occasion to demand public urinals, a very logical reasoning—the more water people drink the greater need of facilities for passing it. [Med. Reporter.

Pharmaceutical Department.

Extracts from the Report on Progress of Pharmacy, to the Am. Phar. Assoc. 1859:

French Salep.—Salep is prepared in France from the tubers of orchis mascula, by washing, rubbing off their epidermis, and then plunging them into boiling water until they begin to swell, to burst the starch granules, and to rid them of a volatile, disagreeable principle existing in the recent tuber, when they are strung on a string and dried.—(Répertoire de Pharm., 1858.)

Caffein.—M. VOGEL (Journal de Chimie Med., 1858) gives a process for extracting caffein from ground green coffee, by the aid of benzole, which quickly dissolves the caffein and fixed oil. The solvent is then distilled off, and the residue, by treatment with boiling water, filtering and concentrating, affords the caffein in crystals.

Buckwheat considered as Food.—M. ISODORE PIERRE has investigated the value of this cereal, as an alimentary substance, and finds that the finest bolted flour contains much less nitrogen and phosphates than the course —(Am. Jour. Pharm., 1858, p. 426.)

New Grenada Bark.—HERR KARSTEN, by numerous analyses of the bark of Cinchona lancifolia, made at its place of growth, has shown that the proportion of alkaloids varies exceedingly, owing to climate and soil, especially the former. He considers the average yield of the bark to be 2.5 per cent. of sulphate of quinia, and from 1 to 1.5 per cent. of the cinchonia salt; and that while it sometimes yields none, at others it affords 4.5 per cent. The bark of the little branches yielded little, if any, when the trunk bark afforded 1.5 per cent. of alkaloids. He also believes that the alkaloids perform some function in the growth of the plant, whereby their amount is liable to decrease at certain seasons. Observation renders it probable that a uniform climate, with due proportions of cloudy, rainy, and sunny weather, is most favorable to their development.—(Pharm Jour., Lond., Sept., 1858, from Bericht der Akad. der Wissench. zu Berlin, 1858.)

Alkaloids in Nux Vomica.—M. SCHUTZENBERGER (Comptes Rendus and Amer. Jour. Pharm., 1858, p. 535,) has made researches on

these alkaloids, which lead him to believe that he has established the existence of *nine* new alkaloids, which are all colorless, have a very bitter taste, and an action on the animal economy analagous to that of strychnia. They are all soluble in boiling water, all contain six or eight equivalents of water of crystallization, all colored red by nitric acid like brucia, and none of them fuse by heat. The author regards them as products of transformation under the influence of vital forces.

The Thorn Apple.—SCHLECTENDAL refers the nativity of *Datura Stramonium* to Southern Russia.—(Amer. Jour. Pharm., Nov., 1858.)

Podophyllin.—HARVEY ALLEN (Amer. Jour. Pharm., 1850, p. 206,) corroborates the results of JOHN CADBURY, noticed in the report of last year, that it is the resin soluble in ether which is the most active constituent of the root.

Cetonia Aurata.—Dr. EULENBURG (Wittstein's Vierteljahrs, and Amer. Jour. Pharm., July, 1859,) states that this insect is used as a remedy for hydrophobia, in Russia, with considerable success. It belongs to the family *scarabæides* of Latr., is flat, has a strong metallic lustre, body copper-colored, upper part golden green. The powdered insect in doses of a teaspoonful is said to be sufficient for men and dogs.

Powder of decayed Wood.—M. DEVERGIE (Bul. de Therap., March, 1859), recommends the powder of decayed wood as a substitute for lycopodium, as a siccative astringent in certain skin diseases.

Oxonized Oils.—Dr. THEOPHILUS THOMPSON, in a communication to the Royal Medical and Chirurgical Society of Edinburgh, states that when fixed oils are charged with oxygen, and then exposed to the sun's direct light, and so become oxonized, they are endowed with properties not before possessed, as they reduce the pulse as much as 24 beats a minute in some cases. The oils particularly tried were cocoanut oil, sun-flower oil, and cod-liver oil, and Dr. THOMPSON thinks that they may, from their tendency to abate the pulse, be found useful in phthisis.—(Pharm. Jour. Aug., 1859).

Nicotiana.—JOHN LE CONTE, (Journal Acad. Nat. Sci., Philad. has investigated the species of *nicotiana*, yielding commercial tobacco, and he arrives at the conclusion that all the so-called varieties are traceable to three species, *N. tabacum*, *N. rustica*, *N. fruticosa*; the first yielding the United States tobacco proper, the second affording the tobacco of East India and Persia, and the last, that of Cuba.—(Amer. Jour. Pharm., Sept., 1859).

Carbonate of Lithia.—The London correspondent of the *Druggists' Circular*, in his letter published in the August number of that Journal, states that carbonate of lithia has recently come into use

as a solvent for uric acid calculi, owing to its great solvent power for that acid. Its great expense will limit its use.

Volatile Oil of the seeds of the Cicuta Virosa.—JULIUS TRAPP, (Buchner's Réporter, and Amer. Jour. Pharm., May, 1859), has shown that this oil is identical with the oil of cummin seed, and it is also probable that the identity holds good with the oil of our indigenous cicuta maculata, described by JOSEPH E. YOUNG, in the Amer. Jour. Pharm., 1855, p. 239.

Decolorizing Power of Seeds.—M. HARMS, noticing the fact that wine of colchicum and other wines of seeds are lighter colored than the wines from which they are made, attributes the change to the decolorizing property of the seeds.—(Jour. de Pharm., June, 1859.)

Oxide of Silver Pills.—It is believed, (Amer. Jour. Pharm., Sept., 1858,) that the intumescence which occurs in these pills at times, is due to the presence of grape sugar in some form, as the honey in conserve of roses. I. FARIS MOORE, of Baltimore, believes this occurrence to be due to tannic acid, or some other vegetable acid.—(Maryland Jour. and Trans.)

Liniment of Iodide of Potassium.—T. S. WIEGAND, (Amer. Jour. Pharm., 1858, p. 406), recommends the following formula: Take of *sapo vulgaris*, U. S. P., 3 xiv., alcohol 95 per cent., $\frac{3}{4}$ viiiss., iodide of potassium, $\frac{3}{4}$ iss., oil of garden lavender, 3 ss. The soap is dissolved in alcohol by heat, the oil added, the iodide dissolved in the water, and all mixed warm in a suitable bottle.

New form of Suppositories.—Dr. PFEIFFER (Jour. de Pharm., March, 1859), recommends butter of cacao to be cast in moulds, with a longitudinal cavity in the larger end, into which the medicinal substance is introduced and then closed in. This enables the apothecary to medicate the previously prepared suppositories extemporaneously.

Oiled Paper.—Dr. JAMES MCGHIE, of the Glasgow Royal Infirmary, recommends oiled paper as a cheap substitute for oiled silk in surgical dressings. It is prepared by saturating thin strong paper by means of a brush with linseed oil, which has been boiled with litharge, acetate of lead, and sulphate of zinc, and burnt umber, in the proportion of from one to two ounces of each to the gallon of oil, and dried without heat.—(Pharm. Jour., Feb., 1859, and Amer. Jour. Pharm., May, 1859).

Distilled Water.—WILLIAM S. THOMPSON, of Baltimore, has ascertained that water, which has had its organic impurity destroyed by means of permanganate of potassa before distillation, will afford a distilled water that will keep without depositing the flocculent matter that is usually found in that liquid when kept some time.—(Maryland Jour. Pharm.)

Glycerole of Tar.—This preparation, made of 30 parts of glycerin, 5 parts of starch and 2 of tar, is a glycamyl imbued with tar. It will be recollected that starch, heated to to about 300°F. in glycerin expands into a jelly, and gives a consistence that has rendered it a substitute for simple ointment. — (Jour. de Pharm).

Hydrosopic Extracts.—M. LACHAMBRE recommends keeping the jars containing these extracts, each in a larger jar, with quick lime beneath to absorb moisture from the enclosed air, and thus dry them.

Bontigny's Fumigating Powder and Paper.—The powder consists of 55.69 bisulphate of potassa, and 44.31 of nitrate of potassa, with peroxide of manganese q.s to color. It is used by projecting small portions on a red hot surface. The paper is made by dipping unsized paper in a solution of one part of nitrate of potassa and two parts of sugar in six parts of water and drying. — Jour. de Chem. Med., Feb., 1819).

Conium Leaves.—According to a writer on the new Belgian Pharmacopœia, (Druggists' Circular, Aug., 1850), conium gradually deteriorate by keeping, and that the mere effect of drying is to deteriorate them.

ADJOURNED MEETING OF THE MICHIGAN STATE MEDICAL SOCIETY.

In accordance with a Resolution, passed at the regular meeting held at Coldwater, January 18th, an adjourned Meeting will be held, at Ann Harbor, on Commencement Day, being Wednesday, 29th March. A full attendance is desired.

E. P. CHRISTIAN, Secy.

THE AMERICAN MEDICAL ASSOCIATION.

Will hold its Thirteenth Annual Meeting, at New Haven, on the *first Tuesday of June*, 1860. The Secretaries of local Societies, Colleges and Hospitals, are requested to forward the names of delegates as soon as they are appointed, to

STEPHEN G. HUBBARD, M.D., Secretary,

New Haven, Ct.

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Original Communications and Translations.

ART. XLI.—On Turning the Fœtus in Utero by External Manipulations.

BY J. H. BEECH, M. D.

Dr. E. NOEGGERATH has contributed to the *N. Y. Journal of Medicine* a very valuable paper on the subject of "TURNING THE FŒTUS IN UTERO BY EXTERNAL MANIPULATIONS," of which, as it may not have reached all of the readers of your Journal, I propose to sketch some of the lending points, and finally to add a few practical suggestions.

Dr. N. thinks the operation of turning by external manipulations too little thought of, and too little practiced by American practitioners. This he attributes to the neglect the subject has received from the obstetric authorities whose writings have been most disseminated in this country.

He cites distinguished authority in favor of external manipulation and auscultation as means of diagnosis of presentation, and declares his own preference for external instead of internal examination, were he obliged to dispense with either, except in case of excessive thickness of the abdominal walls, or the tenderness of the womb. He says: "It was the combination of these two circumstances, viz.: the established fact of spontaneous version, and the perfection of external diagnosis, which induced accouchers to try turning by external manipulation, and bring this operation to a scientific standing."

We shall not attempt to follow the historical part of Dr. N.'s paper, which shows much research and extensive resources, commencing with the spontaneous version mentioned in Genesis, chapter xxxiii. v. 28, in which ZARAH, with a brightness sufficient for a Yankee lad, put out his hand to receive the badge of birthright, and then modestly retired in favor of PHAREZ. The authority of HIPPOCRATES is acknowledged, whose operation was rather a version than manipulation of the woman; and the chief honor is conferred upon Dr. JUSTUS H. WIGAND, of Hamburg, Germany.

It is further stated that German medical literature abounds with treatises commendatory of turning by external manipulation.

In this, as in other articles, Dr. N. has done good service in presenting us with the treasures of the "old world."

To illustrate the principles and practice contended for, [he has detailed several cases, the important points of which we will make use of. A lengthy extract from an article by Dr. MATTEI is given on pages 336,--340 of the November No. of the *N. Y. Journal*, in which is inculcated that breech presentations are not physiological,

and should be changed in all cases of normal pelvis,—that the most suitable time is from the sixth to the middle of the ninth month,—provided that the nates have not engaged in the pelvis. “He directs the woman to be placed horizontally on the back, the pelvis elevated. The cubital border of one or both hands placed between the edge of the os pubis and the presenting part of the foetus, which is to be pressed upward and laterally, while the head is brought downward in the direction of natural flexion of the foetus, until it arrives at the pelvic brim, where it must be retained “for some time, in order to get the extremities, and the entire body to become thus nicely encased in the uterine cavity, and, if necessary, an abdominal bandage applied to prevent return to the mal-position.” A very fully reported case exemplifies the above teachings, but we do not discover anything which would not naturally be observed as palpation and auscultation are usually practiced.

CASE 1st, of version during labor, occurred in a primipara 22 years of age; “the os uteri was found, on examination, dilated to a diameter of one inch and a half, the membranes unruptured, and an arm presenting.” The head could be distinguished as a round hard mass in the left iliac region. Dr. ELLIOT (the reporter tried by gentle friction to push the head upwards, and really the head began to move. This was therefore continued with the right hand during the cessation of pains while the feet were pressed downward. During the pains, the position gained was retained, and in about twenty minutes the feet presented at the os uteri. “During all this time the patient kept her recumbent position.” These are all the material points.

Dr. ELLIOT’S second case was also a primipara — a cross presentation of the child in the mesogastic region, while

the hypogastric region seemed empty, the amniotic bag presented in a large extent, but was empty, and no portion of the foetus could be detected by internal examination." Pelvis natural; pains strong. In one hour nothing changed.

The foetus was now pushed upward, leaving the version to chance, *situation of the several parts of the foetus could not be made out*. In fifteen minutes the "head presented through the os uteri, but it was directed somewhat towards the right side. Accordingly, the woman was ordered to lie on her left side, and the above manipulations continued for another hour. Success complete.

CASE 3d. Reported by Dr. SPENGLER, of Berlin. Pp. Shoulder presentation by vaginal examination. Externally, the head was found towards the left iliac region, and the nates higher up towards the right side, the woman being placed on her left side, with a cushion underneath that part where the head could be recognized. The os was dilated to the size of a quarter, the water discharged. Gentle frictions were at first commenced on the place which corresponded with the pelvis of the foetus, and subsequently both hands were used in proper manipulations, until a proper cephalic presentation was attained, followed by descent into the pelvis, when the woman was placed on her back with successful result.

CASE 4, from Prof. GENSER. The os was a very little opened, and the right elbow presented. The head was distinctly felt in the left, and the breech in the right iliac fossa. "The woman lying on her back, it was attempted in the intervals of the pains to push the head downwards, and the back upwards, whilst in the acme of the pains the uterus was merely compressed on either side.

In half an hour the patient was made to lie on the left side, and in the place where the head was felt a hard pillow was pressed. Success was complete.

CASE 5th, by DE SHNETTER, of N. Y. city. The patient had been delivered of a dead child by Dr. S., in consequence of a cross presentation which had been turned by the feet, and the body extracted by the attending physician. At the time reported, no foetal part could be felt internally through the os dilated to about one inch. Upon this, four fingers were introduced into the vagina, and now it was easy to detect the left shoulder downmost, back forwards. The woman was now placed on her left side, pressure was made upon the foetal head, forcing it downwards, while the trunk was raised towards the mesial line. This was effectual, but on the patient's being left, the head returned to its former position, although the patient was kept on her left side. The aforesaid manipulation was repeated successfully, and the membranes ruptured to make sure of the head. A portion of the funis now escaped, which was returned and secured by placing the patient in the position proposed by Dr. THOMAS (upon the knees, with the shoulders low) for a quarter of an hour, when, as the funis did not again present, she was placed on her left side. The head now rested strongly upon the symphysis pubis from excessive inclination of the maternal pelvis, and the delivery was completed with forceps. Child full grown, "in the most desirable state of life."

CASE 6th, by Dr. NOEGGERATH himself, who thus sums it up: "Suffice it to say that it was a shoulder presentation, and the child turned by external manipulation. It was born alive in a vertex presentation."

The advantages named by Dr. N. are safety to mother and child—freedom from fear and from pain. He claims for it freedom from the necessity of using chloroform, but we do not see why chloroform may not be a valuable assistant in cases in which the manipulations are not other-

wise well borne. We can not say from experience in turning, but speak knowingly in regard to its influence when the head has been slow to descend from weak or tender abdominal walls, and we have been desirous of adding manual aid externally.

The indications appear to be all those cases in which it is desirable to change the position of the foetus; when the possibility of failure would not involve the mother in danger from any delay. Hemorrhage, convulsions, and pelvis very much contracted, are named as requiring more expedition than can be confidently relied on by external manipulation, and we would add that extreme exhaustion may occur where a mal-position has retarded labor for many hours, and a skillful operator might save the mother and child by an immediate internal manipulation, which would be less probable by external. For ourself, we have looked upon the "operation of turning by the feet" as we have on a "too handy" pair of forceps—liable to be used to deliver the doctor of a *swell*, when the patient might get along easier. Dr. NOEGGERATH remarks that turning by the feet never fails to have a striking effect, but if external manipulations fail (in ordinary cases) nothing is lost, except, perhaps, a little time.

The following are Dr. N.'s directions for "*the performance of the operation.*" "The correct diagnosis of the situation of the foetus in utero by external examination, is the preparatory step, and an intrinsic part of the operation. Before attempting to perform it, the operator must have in every single case a distinct idea of the presentation of the child in his mind, to the confirmation of which repeated inspection, palpation, and auscultation, must be called to aid; internal examination will, in the great majority of cases, yield only negative results.

"This done, the woman is ordered to lie on her back,

while the physician takes his position on the side of the bed opposite that where the head was located. Suppose the head is felt in the *left* iliac fossa, the operator places his *right hand* upon the cranial protuberance, while his left hand is placed on that portion of the uterus where the nates are situated.

“Now, gentle frictions are made upon the points indicated, and at once a pressure effected upon the head with a tendency to push it downwards and towards the mesial line, while the breech is gently pushed upwards and towards the opposite side. All this is done during an interval of the pains. As soon as another pain begins, both hands keep their place, and the woman is ordered to turn on her left side.

“With the remission of the pain, the same manœuvre must be repeated, and continued until a change of presentation is effected. This having been ascertained by internal examination, the woman has to continue the posture on her left side, and a small hard pillow is to be placed just underneath that portion of the abdomen where the foetal head was at first situated. If after a number of pains the head is found to have retaken its former situation, the manipulations must be repeated, and after turning has been effected again, it is advisable to rupture the membranes, in order to keep the head from returning to where it was formerly imbedded.

“The most suitable time for the performance of the operation is from the beginning of labor to perfect dilatation of the os.”

The idea that the profession in this country has no knowledge of the art of changing the position of the foetus *in utero* by external manipulation, would, we think, be very incorrect.

I am not aware of any written authority in our lan-

guage on the subject, although it may exist, but I well remember that, when a student, one of my private instructors (Dr. H. E. PINKNEY, of Schoharie Co., N. Y.,) said to me: "A great deal can be done in correcting improper presentations by proper management through the walls of the abdomen," and he proceeded to give similar directions to those in Dr. N.'s paper. We have also seen other physicians apply their hands to the abdomen of patients under consultation in a systematic manner, with successful efforts to change the position of the foetus.

As some important facts in regard to position and treatment are not alluded to in Dr. N.'s paper, I will venture to mention them, although most of them may be familiar to the readers of the "PENINSULAR AND INDEPENDENT," as we also had supposed that the whole art of external manipulation had long been. There are five classes of patients upon whom it is frequently difficult to manipulate, so as to change the presentation of the foetus in utero in either of the positions named for the patients, *i. e.*, upon the back or side, *viz.*: the very fat, the dropsical, when the bowels are very flatulent, when the liquor amnii is superabundant, and in the very lean. In the first class, the thickness of the abdominal walls prevents the application of any warrantable amount of force reaching the uterus with force enough to change the foetal presentation.

This is rendered still more difficult from the relative weight of the gravid uterus, carrying it below the intestines and epiploon thickened by adipose deposits. Any considerable degree of flatulence also hinders in the manner last mentioned by the intestines riding above the uterus, thereby presenting a mechanical difficulty, and, perhaps, rendering palpation painful. We have used the term *drop-sical*, referring to cases in which ascites and anasarca exist.

If anasarca only exists, dorsal decubitus is most favorable. But as the gravid uterus sinks below peritoneal effusion, it would be unfavorable in that case, and the anasarcaous parieties would increase the difficulty of transposition. In very large parturients, the bodies of the vertebræ project so far above the muscles on either side that the foetal head or body is not easily lifted upon or over the column. Take, for instance, a lean patient, with well expanded ossa ilii, with a presentation of any lateral portion of the body or head, especially if the abdomen is a little tender, and it will be, sometimes, very difficult to turn the foetus by external manipulation with the patient either on the back or side. But in either of the aforesaid instances, let the patient be placed on her knees upon a pillow or cushion, so that she may endure the posture, with the shoulders resting upon a well pillowed chair or stool, so that they may be elevated or depressed, as may be found necessary; let the operator kneel upon one knee, using the other as a fulcrum for the elbow, in order that he may continue his efforts for considerable time, if required, or, if convenient, sit upon a low stool, and he will find that the foetus is much easier moved, for reasons which will be obvious to every reflecting mind. In the obese, the dropsical, and the flatulent, as also in excess of liquor amnii, diagnosis is more clear in this position for reasons before intimated, *i. e.*, the relative weight of the foetus. I think that I have never performed turning by the feet except for hemorrhage in placenta prævia, in 19 years of practice, of which a respectable portion has been ab-stetric, and (previous to seeing Dr. NOEGGERATH's paper) supposed that the possibility of turning by external manipulation was fully understood by a large majority of practitioners.

Since the foregoing was written, the January number

of the *N. Y. Journal of Medicine* has published another paper prepared by Dr. NOEGGERATH, from an article by Prof. ESTERLE, of Trent, on "turning by external manipulation," which contains additional ideas. The author declares that "a considerable number of children presented in a transverse position at the seventh and eighth month of pregnancy, and although formerly nothing was done to rectify this cross-position (in the Instituto D'elle Laste), most of them presented with the vertex at the time of delivery," and still he advises interference "as soon as the accoucher detects the transverse presentation." Notwithstanding the high authority, we are convinced that no such manipulation is warrantable until some inconvenience is felt by the mother, or until labor is at hand, and that premature labor will sometimes be induced when, if the case were left alone, spontaneous version would occur without harm.

When the bowels are obstructed by the transverse foetus, giving rise to colic pains, etc., the foetus may be changed with great advantage. In changing a position or condition which has not produced any unfavorable symptoms, we are liable to excite irritation, which may become mischievous, while the same changes to relieve a pathological condition would be tolerated because a sensible cause of irritation was removed. Our author mentions the following "means by which nature effects spontaneous version":

"1st. The constantly increasing dilatation of the lower section of the womb, by which the long diameter of the uterus gains over the lateral diameter, so that the growing foetus is compelled to change its situation in order to adapt itself to the shape of the womb. This very rarely occurs before the seventh month of gestation.

"2. The partial contractions of the womb which set in

very often long before the beginning of labor, and which by lateral pressure upon the most prominent points of the foetal body, compel it to occupy the fundus with either the head or nates.

“3. The regular contraction of the uterus at the beginning of labor, do very often promote the rectification of a cross-position.

“4. The most efficient cause of spontaneous version is the united action of the active movements of the foetus and of its gravitation, inasmuch as the point of gravitation in the foetus is situated, if not in the head itself, at least near by it. To these must be added a sufficient quantity of the liquor amnii.”

The power of the abdominal muscles, in correcting transverse positions seems to have been ignored; but who that has ever performed an easy turning by external manipulation, can doubt that the abdominal muscles may of themselves exert sufficient force to effect it.

In labor, the abdominal muscles usually contract immediately after the uterus begins each effort, which tends to bring the axis of the foetal body in line with that of the maternal, the contraction of the diaphragm follows quickly upon that of the abdominal muscles, and complete the expulsive effort. We believe that cross-positions occur more frequently in females of feeble abdominal muscles, or in those whose ilii are excessively expanded, so that the foetus has too much scope by the breadth between the attachments of the muscles.

Dr. ESTERLE considers it “unnecessary and dangerous to change a breech into a vertex presentation,” and advises to bring the head or nates down, as either may happen to be nearer the pelvic entrance.

Where there is probability that the foetal head is so large as to render its passage through the pelvis slow

or doubtful, there can be but little doubt of the propriety of using all reasonable effort to turn by external manipulation a breech presentation to a cephalic, inasmuch as the prospect of delivery by the natural powers would be increased, and the chances of further obstetric operations, if necessary, would not be impaired. In instances in which the foetal head is of normal proportions, it would appear officious to turn by external manipulation, as it is liable to delay, and even defeat, which prevents its remedial value in emergencies. Our author adds to his manipulations by pressure "gentle knocks applied alternately upon both ends of the ovum." If by this is meant sudden forcible pressure, without removing the hands from the surface, similar to the succession in ballottement, we are agreed; but if the hand were removed from the maternal body, and forcibly brought against it, as we understand the word *knock*, we believe its effect would be injurious to the maternal tissues, and that the greater part of the force would be lost before it reached the foetus.

We understand most of the authorities cited by Dr. NOEGGERATH as condemning efforts at turning by external manipulation, after the membranes are ruptured. Dr. ESTERLE says: "After the discharge of the water, the operation has been successful only in a few instances." But are not obstetric records full of cases of spontaneous version after the rupture of the membranes, and even while the arm has been pulled by the anxious or ambitious midwife, the head has been forced into the pelvic entrance by the natural expulsive efforts.

We insist that external manipulations are proper, and promise success, whenever any portion of the foetus is well defined, varying from its normal position at any period of parturition.

It has been objected in our presence that such mani-

pulations might induce inflammation of the peritoneum or uterus, but we think not from any reasonable force. We have seen considerable force used upon the abdomen, but have never been able to trace serious results to it. In order to diagnose satisfactorily, or effect turning, the hands must be applied to the skin without the intervention of any skin or covering, as the elasticity of the skin is lost by the thinnest fabric, and the salient points may pass undetected. It is also true that the elasticity of the abdominal parietes is increased by innuitions of warm oleaginous substances and by protracted inunction, patients are enabled to bear a degree of pressure at first intolerable. By such friction, also, much of the fluid in anasarea can be forced out of the cellular tissue of the abdominal walls, thereby facilitating diagnosis and manipulation. Such manipulations are compatible with the utmost delicacy in regard to personal exposure of the patient, which is never to be lost sight of by the high-minded accoucher.

COLDWATER, January 20, 1860.

ART. XLII.—Poisonous Symptoms from Tartar Emetic.

Twenty Grain Doses.

BY CHARLES RYND, M. D.

I contribute the following account of an accident which occurred in my practice a short time since, for two reasons :

First. Because of its interest in a *Toxicological* point of view.

Second. Because important deductions may be drawn therefrom.

Mrs. H., aged 24, widow, mother of three children,

charwoman, was employed to perform some labor on July 5, 1859, which exhausted her very much. She caught a bad cold, which was followed by a violent attack of *acute rheumatism, suppression of menstrual discharge, &c., &c.*

In the absence of proper treatment,—aided much, no doubt, by the miseries of poverty—these conditions became chronic, and the patient was, ere long, crippled, anæmic,—in fact reduced to the very verge of the grave.

December 7th, 1859, was called in for the first time to visit this patient, and found her as stated above.

Rheumatism and the complications had well-nigh extinguished the “vital spark,” and my patient was in a pitiable condition.

I found a torpid and inactive state of the kidneys, and to remedy this evil, depurate the blood, and thus counteract the rheumatic diathesis, I prescribed:

“R

Pot. Acet., 3 ss.

Aq. Dist. 3 vj.

M. S. a tablespoonful morning and evening in a glass of water.”

It will be seen that each dose contained about *twenty grains* of the salt, which was the manner in which I designed it should be used to fulfill existing indications. Tonics, depuratives, &c., were being used, also, with all the care and discrimination of which we were master.

A full dose was taken about 10 P. M., which was followed in about forty minutes by vomiting, purging, a burning pain in the epigastrium, and great prostration of strength.

But the patient and friends were determined to carry out their instructions, and, therefore, another *half ounce* of the solution was taken in the morning, about half past seven o'clock.

This was followed in about thirty-five minutes by the most alarming vomiting and purging; blood was found in the matters vomited, as also in the dejections.

I was called in at 12 M., to see my suffering patient, and discovered immediately that I had a case of *Poisoning by Tartar Emetic*.

All the symptoms of acute poisoning by Tartar Emetic were present;—a peculiar metallic taste; tongue coated with a heavy yellow fur, the tip and edges being intensely red; small, contracted, and accelerated pulse; respiration slow and labored; nausea; copious vomiting; violent purging; hiccough; burning pain in the epigastrium; tenesmus; skin cold and covered with a clammy perspiration; a shrivelled condition of the extremities; occasionally cramps in the legs, alternated with extreme relaxation of the muscular fibre.

The *Sedative* action of the antimonial was particularly conspicuous. From a careful examination of the symptoms, we were led to think that the tendency was to *death by asthenia*. There was no time to be lost, for if nothing was done to counteract the effects of the poison, and resuscitate the [sinking energies of] the system, a fatal result seemed inevitable.

I administered a *drachm* of laudanum immediately, followed in a few minutes by *ten grains* of tannic acid. Decoction of green tea was also given freely, and the laudanum and tannic acid was repeated. A mustard sinapism was applied to the epigastrium, and heat to the extremities. In this manner we endeavored to counteract the effects of the poison and equalize the circulation. But there was a tendency, as before stated, to sink,—to die by the gradual cessation of the heart's action,—and to counteract this tendency, we had, as the more urgent symptoms of irritation passed, off, recourse

to *gentle stimulation*. This was done with great caution, and in a few hours I had the satisfaction to see my patient in a comparatively comfortable condition.

I watched the case carefully, but abstained from further medication for two or three days, when my predetermined course was carried into effect. The prostration of strength was evident for nearly a week, but nothing particularly unfavorable presented. At the next *menstrual period* the discharge re-appeared; the rheumatic condition gradually gave way;—health is now being restored.

In this case, we had FORTY GRAINS OF TARTAR EMETIC ADMINISTERED WITHIN A PERIOD OF TEN HOURS; violent symptoms presented, and yet we had a speedy recovery from its prostrating effects.

It may be remarked, also, that the salt dissolved almost wholly in the water. According to the experiments of the BRANDES, and the opinion of the Dr. PERCEVAL, of Dublin, a good article will dissolve in about *twelve* parts of water; it is probable, therefore, that in this instance we had an article which was nearly, if not altogether pure. Or, the solution may have become warm, as it was placed on a table near to the stove. At any rate, when I examined the solution, I found that the salt had been almost entirely dissolved, and it follows, therefore, as a legitimate inference, that forty grains were really taken as stated above.

The inference to the operation of the antimonial, I am almost certain that its use (or abuse, if you please,) was attended with beneficial results. This case had been treated by several able practitioners with little or no benefit,—indeed the patient grew worse. We had, previous to the operation of the antimonial, a deficiency of the secretions; a torpid condition of the liver. Many of

the symptoms of indigestion, and a peculiar depression of nervous force.

After the operation of the antimonial — during convalescence — we have an improvement of the secretions generally; a more active condition of the liver; the digestive organs became more vigorous; and the dormant nervous energies seemed very much aroused.

I was forced to believe that the operation of the antimonial had produced a powerful ALTERATIVE effect on the system, which proved, under the circumstances, decidedly beneficial. Nor is this view inconsistent with the most correct principles of medical science.

What, it may be asked, is our duty in reference to our relations with Apothecaries? Is it a fact that, even in our cities, we must run the most fearful risks, and thus place in jeopardy, every day, the lives of our fellow-creatures? Must our patients' safety and our own comfort and reputation, too, lie at the mercy of every careless boy? Should every egotistic pretender be permitted to dispense drugs and imperil, by so doing, the safety of the sick in all classes of society?

The dispensing Apothecary, in this instance, when interrogated, rendered "*Pot Acet*," "*Antimoniate of Potash*. For the credit of that Profession, however, I would say that several other clerks in the locality had no difficulty in rendering us "*Acetate of Potassa*," and not "*Antimoniate of Potash*," which being interpreted, means, of course, "*Tartar Emetic*."

Now the question arises, how is the Profession to be protected from these blunders? Druggists complain, and sometimes justly, of the carelessness of Physicians, but have we no ground for complaint at all?

"In the writing of prescriptions," says Prof. PARISH, "the chief desideratum is to secure accuracy without an

unnecessary and cumbersome phraseology, and for this purpose the *officinal names* of all medicines are to be preferred to either of their common and changing synonyms. * * * * * Many medicines are called by very different names in different parts of the country, and the same name is liable to be applied to either of several drugs. * * * * *

This able pharmacist further says: "There can be no comparison between the names sugar of lead and plumbi acetate, white vitriol and zinci sulphate, liver of sulphur and potassa sulphuretum, salt of tartar and potassi carbonate. The name which expresses the chemical composition of a substance, is generally, of all that can be devised, the best; and hence, even in common language, most familiar chemical substances are beginning to be called by their proper names. Although there is little difference between the English and Latin chemical names, the latter has the advantage for use in prescription; it is easier of abbreviation, or its abbreviations are more familiar; while the omission of the connecting preposition *of* between the two parts of the name, reduces it to a single compound word, rendering it shorter and more quickly written."

Now, from what study we have been able to bestow on this matter—one pregnant with importance—we cannot go in for the sweeping changes advocated by some Members of our Profession. We believe weighty objections may be raised against them; we refer to the writing of all prescriptions in English. We can see the force of PROFESSOR PARRISH'S ideas as given above.

Professor PALMER says:

"The Latin names of the different medicines, and the few words indicating their preparation can be very readily learned."

In fact, any person of ordinary ability can, in a short

time, with diligence and application, acquire such a knowledge of the Latin language as will enable him to write prescriptions with neatness, or read them with accuracy.

The Profession should, in duty to itself and the public, avoid patronizing those Houses where either ignorance or carelessness is manifested, and strenuously insist on having prescriptions made up where care and attention are bestowed on the matter.

In the absence of Legislation this would be a salutary check, and employers would find it to their advantage to retain such employees, and such only, as possessed the requisite qualifications.

ADRIAN, January, 1860.

ART. XLIII.—Hypnotism.

By O. D. PALMER, Zelienople, Pa.

A profound sensation has been made, in the scientific world of Paris of late, by the announcement of a new method of effecting anesthesia, to which they have given the name heading this article. The circumstances of its discovery, its marvelous history, and enthusiastic reception in the metropolis of civilization and science, will all transpire in the translation appended below, which has been made from the "*Gazette Hebdomadaire*" of December 9th, 1859:

"The society of surgery heard at its last session, on December 7th, a communication certainly interesting, but the future of which it is impossible to calculate, at present. We mean the manner of procuring anesthesia by a very simple manœuvre, which consists in inducing and continuing for some time, *superior convergent strabismus*.

A young provincial surgeon, M. the doctor AZAM, assistant professor at the secondary school of Bordeaux, has introduced to us this

singular method, as the fruit of prolonged studies, and results of numerous experiments, patiently instituted during a long period. On his arrival at Paris, Dr. AZAM imparted his observation to our excellent friend, Dr. BROCA, and to ourself. Dr. BROCA, convinced like Dr. AZAM, that practical surgery could reap benefit from these marvelous experiments, hastened to make trial in practical surgery, under the direction of Dr. FOLLET. In a case which we will summarily reproduce hereafter, the success was so perfect, as to induce Dr. BROCA to reduce it to paper, which M. VELPEAU deigned to communicate to the institute on Monday.

We do not wish to dissemble either the obscurity of the subject, or the imperfections of the experiments; we are ignorant what fortune may be reserved for this discovery, we suspect even that the initiative taken at this time, will be variously judged, in our own ranks, and elsewhere; but we may be permitted the remark, that a fact introduced into science, or at least patronized at its *debut*, by such men as the Messieurs AZAM, BROCA, FOLLEN, and VELPEAU, merits examination, to say the least, and should not be assailed under any pretext, by incredulity, or even by obstinate doubt. The proud disdain of the learned, for extraordinary facts, has been reproached for a long time, and with reason. We live in an epoch in which all that is announced under a serious mien, and which proceeds scientifically, merits examination. In short, we live in a time, when it would be unreasonable to turn away our eyes, from any thing wished to be shown us, merely because it is improbable or prodigious. Besides the best, and in fact only manner of judging any thing, consists in viewing it first, and this is what has been done by the grave men we have cited. This is what we ourselves have undertaken.

Moreover, this thing is not entirely new, and Dr. AZAM has himself put us in mind of the series of circumstances, which led him to the discovery, or exhumation of this order of facts. Eighteen months since he had occasion to attend a young hysterical patient, in spontaneous catalepsy. We observed in her facts the most curious, which it does not come within our province to relate here. A professor in the Academy of Sciences, a man of great distinction, Dr. BAZIN, was made acquainted with these experiments. He advised Dr. AZAM to consult, at this time, an English work published in 1842. by M. BRAID, and in which is indicated, a means of producing catalepsy, and artificial anesthesia. Dr. AZAM, having procured the work, an analysis of which an eminent physiologist, M. CARPENTER, had given in the Cyclopædia of TODD & BOWMAN (article sleep), instituted upon this cataleptic, and not less than thirty other subjects, numerous experiments. He proved that a greater part of Mr. BRAID's assertions were seriously true; among others, that catalepsy and anesthesia, could be obtained at will, by proceeding in the following manner

The subject is seated, or lying, in a convenient position, the operator placed either before or behind him, places before his eyes, at a few inches distance, but generally within the point of distinct vision, a bright object, on which the eyes are to be directed, and constantly fixed. The bright body should be so placed, that in order to see it, the eyes are directed and attracted strongly upward, by the *rectus superior* muscle of each eye, contracted to its utmost. In this action, there is a forced contraction of the *levator palpebrarum*, and of the *recti superiores*, that produces *convergent strabismus*.

Scarcely has this attitude, fatiguing at least, been persevered in, but two or three minutes, till we observe the pupils to contract, and then to dilate; the palpebrae rapidly to oscillate, and then fall down, and immediately the subject slumbers. Two symptoms are then manifested pretty constantly, more or less emphatic, and more or less durable, 1st, catalepsy, in all analogous to classical descriptions, and, 2d, anesthesia, which endures from three to fifteen minutes, either complete or imperfect, but which generally permits "pinching," "pricking," and "tickling," without the least trace of apparent sensibility, in the subject, and without having these excitations modify in any particular, the cataleptic state. This anesthetic condition is usually followed by a hyperæsthetic state of an entirely different character, in which the ordinary senses, the sensations of temperature, and of muscular action, attain a degree of impressibility, altogether unaccustomed. At any moment of the experiment, the symptoms can be made to cease suddenly, by making frictions on the eyelids, or by directing on these organs a current of cold air.

The subject brought to himself, preserves no remembrance of what has passed during the preceeding time.

We will not insist at present, on all the particularities of these facts, infringing on the marvelous, and of which at present, we only desire to be the faithful historian; we will report no farther the experiments made by Drs. BROCA and FOLLET, and those made by ourself; we will merely state that Dr. AZAM has arrived at Paris, fully persuaded that surgery is in possession of a new anesthetic. Readers may judge from the following report, the value of this impression.

CASE. Woman aged twenty-four years, vast burn of the back and right limbs, abscess voluminous and extremely painful of the margin of the arms, exhausted by pain and otherwise being very pusillanimous, she greatly fears the lancing; she was informed that she was to be put into a sleep. A copper cylinder is placed 15 centimetres anterior to the root of the nose. The patient was obliged to squint strongly, in order to see this object; the pupils were directly much contracted. The pulse rapid, previous to the experiment, was first a little accelerated, then soon after becoming much more feeble and slow. At the end of two minutes the pupils begin to dilate; the left arm, raised nearly ver-

tically above the bed, remains immovable in this attitude; towards the fourth minute, the answers were slow and laborious, otherwise perfectly sensible, respiration slightly affected. At the end of five minutes Dr. FOLLET pricked the flesh of the left arm, constantly remaining in the vertical position—no movement, no effect—pricked anew, so as to give rise to a drop of blood, passed equally unperceived; the right arm was placed in the same attitude, as the left; the seat of the abscess was laid bare, the patient permitting all, but constantly saying indifferently, that we were going to injure her. In short seven minutes after the *debut* of the experiment, Dr. FOLLET made a large opening into the abscess, which gave issue to an enormous quantity of pus, very fetid. A light cry, lasting less than a second, is the sole sign of feeling made by the patient. Other ways, not the least twinge in the muscles of the face, or limbs, the arms preserving the attitude in which they had been placed, without the least motion. Two minutes later the position the same, the eyes ever remaining wide open, a little injected, the countenance open and free, the subject constantly insensible, pulse as before the experiment, respiration easy and free, the left heel was raised, and remained suspended in air, the cataleptic state of the superior members persistent.

Dr. BROCA removed the bright body, which had remained all this while before her eyes; he used friction to the eyelids, and sufflation of cold air. The patient made some little movements. She was asked if any thing had been done to her; she answered, she knew of nothing. The three limbs still remain in the same attitude, first given them. Pricking anew, on the left arm, was unperceived. Eighteen minutes after the commencement of the experiments, twelve minutes after the operation, again friction and sufflation of the palpebra, sudden awaking of patient. The cataleptic limbs all fall at once. The subject rubs her eyes, and resumes her consciousness. She remembers nothing, and is astonished to find herself the subject of an operation. Her state is similar, in a certain degree, to that of individuals coming out of an ordinary anesthetic sleep. Every time the waking has been much more prompt and without agitation and loquacity."

The anesthesia reported in the above case has lasted from 12 to 15 minutes at least, interrupted only by provoked waking. We understand that Dr. AZAM has succeeded under the auspices of Dr. TROUSSEAU in anesthetizing very promptly, a young girl, and all seems to conspire to give the belief, that experiments will be multiplied abundantly. We presume merely to anticipate, that

some subjects may show themselves altogether refractory to *Hypnotism*.

We wish, in conclusion, to forewarn our colleagues against a too sudden enthusiasm, and equally against a skepticism too ultra. We are still ignorant of the conditions for the most part, essential to make one individual vary in results from another. We are even not sure of having found out the best mode of procedure to be followed. It is enough to say, that it is indispensable to study the question with calmness, patience, and coolness. The promoter of this discovery, and those who seek to propagate it, do not wish, "thank God," either to deceive, or to be deceived; they seek the naked truth. Happy if, as all leads us to predict, they draw some useful knowledge from an order of novel facts by means of which physiology and even psychology will reap, without doubt, more immediate advantage than therapeutics. To know how to await, to examine, and to deny nothing to instinct, such are our parting words and our formal intentions.

[*Editorial Remark.*—We have repeatedly, since the announcement of Hypnotism, made the suggestion, and we now again express the belief, that the same number, and the same class of persons will yield to it, that prove susceptible to the so-called mesmeric influence. It is but another phase of that wonder. G.

ART. XLIV.—Notes on some Cases of Heart Diseases,

BY PROF. A. SAGER, M. D.

Notwithstanding the numerous and excellent monographs upon the physiology and pathology of the heart, there still

remain some points that require elucidation. Many circumstances moreover greatly modify the action of this organ, and the ever-varying combination of pathological conditions render the faithful record of cases particularly important, as experiments furnished by nature in illustration of the normal, no less than the abnormal, physiology of the heart. In this view the following cases present some points of considerable interest.

The symptomatology of the first case was furnished in a letter from Prof. Z. PITCHER. He writes :

DETROIT, December 11, 1859.

MY DEAR SIR: I send you by express a piece of morbid anatomy, obtained to-day, from a body that had been only two days under my observation. The case was so near its termination when I first saw it, that it was very difficult to catch the distinctive morbid sounds.

The surface of the body generally was livid and bloated, not really œdematous. Respiration exceedingly embarrassed, more particularly the effort to inhale atmospheric air. The impulse of the heart was felt over a large space and with the force characteristic of hypertrophy of the left ventricle, at the same time there was no pulsation in the radial arteries. Only one of the sounds of the heart could be distinguished ; but whether the first or the second could not be determined. The violent movement of the heart enabled me to detect the presence of a fluid in the pericardium.

Before the patient came to the Hospital he had been seen by a very intelligent physician by whom he had been bled for the relief of pleuritic symptoms, traces of which (pleuritis), as well as of Pericarditis were found after death. The lungs were much engorged and the liver hypertrophied as in valvular disease of the heart.

I was enabled to determine that the heart was the

primary seat of disease, but not what part of its structure was first involved in the morbid change. When you shall have made use of the specimen I shall be glad to hear from you.

Very truly yours,

Z. PITCHER.

Prof. SAGER.

Divested of the pericardium the heart weighed 16 oz. avoirdupois. The walls of the right ventricle varied in thickness from 2 lines at the apex to 5 lines at the base of the cavity. The average thickness of the right auricle was about 1 line. The left ventricle was but one line at the apex, 6 lines in the middle and 2 lines at the base of the organ (average normal 4 1-2, 5 1-6 and 4 2-3 lines at the base, middle and apex respectively). The septum of the ventricles was 4 lines in average thickness.

The mitral valve was indurated, rigid, and completely adherent by the margins, forming an infundibular cavity; the orifice contracted to 4 lines in diameter, the margins of which were about $1\frac{1}{2}$ lines in thickness. This orifice therefore did not exceed one-tenth of its normal area.

Left auricle was considerably dilated but without attenuation of its parietes. The left ventricle was of normal capacity. The sigmoid valves were normal. The right auricle and ventricle were much dilated, the circumference of the tricuspid orifice full 5 inches (normal 3 in. and 10 lines).

In the great mitral obstruction and the right auricular regurgitation we find the essential conditions of the respiratory embarrassment and lividity of surface. The general hypertrophy with dilatation explain the extent of impulse, but the absence of a radial pulse is inexplicable from the anatomical conditions of the organ, if it be not due to the smallness of the mitral aperture. The rigid immobility of the mitral valve would explain the absence of a mitral

first sound, but as the mobility of the tricuspid was unimpaired the ventricular systolic or first sound should have been audible over the situation of that valve, if the prevailing hypothesis relative to the origin of that sound be correct. Would regurgitation through deficiency of the tricuspid interfere with the production of a systolic sound.

CASE 2d. I was called in haste to visit a young lady; on arrival, a frothy serum was flowing abundantly from the mouth. The surface was warm and livid. Respiration and circulation had completely ceased. The following meagre details of facts comprise all that enquiry of the friends could elicit of the history of the case. About 8 years previous, she had suffered from an attack of acute articular rheumatism, since which period she had never been quite well, choreic symptoms had also for a time been manifested. Recently she had been subject to paroxysms of dyspnoea on taking even moderate exercise. The cardiac origin of this symptom did not appear to have been suspected. About an hour previous to the last and fatal paroxysm she had returned on foot from a visit to a friend in a distant part of the city.

Autopsy. A good degree of embonpoint proved that there was no impairment of nutrition. The pleural cavities contained each about half a pint of transparent serum; no adhesion or recent plastic effusion. Lungs purple, congested, and when incised a frothy sero-mucus flowed out freely. Heart evidently hypertrophied and the left cavities distended with blood, mitral valves adherent, the orifice being just sufficient to admit the point of the finger. The state of the tricuspid in regard to insufficiency was not observed, but in all other respects it was quite normal. The arterial valves were also healthy. The pleural effusion and pulmonary cedema will illustrate the usual mode of death from mitral obstruction conjoined with hypertrophy, and indicate

the danger under such circumstances of any sudden and violent augmentation of the action of the heart.

CASE 3d. A young man aged 20 years had suffered for some years from dyspnœa, which was regarded as asthmatic. Some two or three months previous to his death the dyspnœa had become much more severe, and the renal excretion was both deficient in quantity and depraved in quality. The test tube and the microscope revealed a highly albuminous condition of the urine, together with blood discs, epithelial scales and tube casts. Anasarca of the inferior extremities supervened, and some pleural effusion was diagnosed. A distinct endocardial blowing sound was audible near the apex, replacing the first sound at this point; near the base of the heart no murmur was audible, and the double or tic tac sound was unusually distinct. The impulse of the apex was felt below and posterior to the left nipple, indicating enlargement of the organ. The remedies employed afforded great relief to the renal symptoms, but the symptoms referable to the thoracic organs steadily progressed to a fatal termination.

Autopsy. The right pleural sac contained about 24 ounces of serum, but the pulmonary lobes were not collapsed. The left pleural sac was obliterated by chronic adhesions. No pericardial effusion, nor œdema of the lungs. General hypertrophy of the heart with dilatation of the right cavities and also of the left auricle. Left cardiac valve thickened, indurated, and so far ossified as to be nearly inflexible, the ossification not uniform, but in thick angular patches the surfaces presenting numerous sharp points, the friction of which upon the opposite ventricular wall, had given rise to a small ulcerated spot with margins much thickened and ulcerated.

The orifice contracted to a narrow fissure with the margins covered with vegetations. The free margins of

the aortic valves were much hypertrophied, but not inflexible, and probably not insufficient. Left auricular endocardium opaque, thickened and rough from subjacent deposit. No material lesion observed in the right cavities, or the valves of that side. The kidneys were not hypertrophied and presented no organic lesion. The left one alone was somewhat congested. In this interesting case, we find a normal first sound at the base of the heart synchronous with a systolic murmur near the apex, and as the latter sound was undoubtedly due to the morbid condition of the mitral valve, the former must have had its origin in the closure of the tricuspid.

ART. XLV.—Report of an Austrian Trial for Rape.

By O. D. PALMER, Zelienople, Pa.

IN rendering into English, the report of a trial for violation, published in the Vienna Medical Journal, named below, the translator has been influenced by considerations, that need perhaps to be intimated. The trial in itself has points of interest, both novel and suggestive. A female is ravished whilst unconscious, and therefore defenseless; she makes information under the influence of animal magnetism, and knows nothing of either information or violation, when in her proper natural senses.—The accused confesses to the truth of her depositions, thus obtained; I am not aware of any thing analogous to this, unless it may be found in the revelations made in a trial at Montreal, sometime since published in the P. and I. Journal, by which we may infer, that etherization, in some females, leaves *sexual impressions* behind, liable to be referred to the operator. This is only ac-

counted for by the supposition, that in the reproductive organization, the sensibility is exalted by anesthetic agency, in the same proportion as sensation is depressed in the remaining organisms. Even then, to perfect the analogy in the two cases, we should be obliged to range, catalepsy, etherization, ecstasy, somnambulism, hypnotism, magnetism, spiritualism, &c., in the same category.

Another motive in this translation is, to exhibit the systematic manner, in which medical science is made to further the ends of even handed justice in the imperial government of Austria; and also the important participation in its administration, that medical men are made to assume. I refer to this the more willingly as Prof. BECK has commended the Austrian system. He says,

“In reference to *post mortem* examinations by physicians in all cases of death under suspicious circumstances, that ‘in England, the country from which we derive our laws, I believe I may say with perfect accuracy, that there is no statutory provision to be found on this subject.’”

He remarks, also:

“That in Austria, though a despotic country, this subject is far better arranged.”

But in our country, it requires no remarkable acumen to perceive, which of the professions has been preponderate in the construction of our laws.

It was a significant remark of DEWITT CLINTON, made in addressing a graduating class of Union College, on the choice of a profession, that of the three learned professions, the preachers have the most friends; the lawyers have the most money; and the doctors have the most learning. We are not willing to suppose, that this great jurist intended by this aphorism, any sacrifice of sincerity to civility, for the purpose of assigning to each pro-

fession the desideratum, most devoutly wished by the same.

Whatever opinion may prevail, as to the policy of this divorcement of the largest amount of learning from remuneration, the fact of their being separated, in our courts at least, is so potent, as not to need ventilation. It is well known, that Medical Jurisprudence pertains equally to law and to medicine. On this ground it is the two professions meet. The jurist and physician occupy the same platform in Medico-legal science. But whilst the legal gentleman, on the bench or at the bar, is remunerated for debiting his professional knowledge, the medical witness is enforced to mount the stand, and surrender the fruits of his professional studies and researches, gratuitously; being constrained to answer, without time for reflection, all manner of queries, on all manner of subjects. And these answers often are to decide between life and death, horror or infamy to a human being. It is not to be wondered, this testimony is frequently of as little value as its pay. And yet it is in Medical Jurisprudence that American authorship has obtained its greatest triumph,—a real ovation. Dr. J. ROMEYN BECK was the first American author that ever attained to the honor of furnishing for the schools of France and England a medical text book; one which would enable American physicians, when officially appointed to judicial station, as in Continental Europe, to render written opinions on medico-legal questions, that we trust would not compare unfavorably with those there given.

REPORT OF AN AUSTRIAN TRIAL.

In the *Oesterreichische Zeitschrift fuer Praktische Heilkunde*; anglice, Austrian Gazette for Practical Medicine,

is the report of a trial, continued through five numbers, an abstract of which I propose to give below.

An unmarried female, A. M., age not given, was treated some nine months in a hospital, and dismissed uncured. She returned to the place of her nativity, to reside with an aunt, where she placed herself under the medical care of Surgeon A., a practitioner of experience and skill, highly esteemed for integrity and honor. Surgeon A. made himself acquainted with her paroxysmal attacks, variously designated as catalepsy, ecstasy, and “*anto-somnambulismus*.” In consequence of the repetition of these spasmodic paroxysms, the surgeon, after long resistance, acceded to the wishes of his patient to have used, as a remedial means, the application of *animal magnetism*, a knowledge of which he professed to have obtained from books. After his repeated magnetization, Dr. A. thought he could perceive some amelioration of his patients symptoms, and a less frequent recurrence of the attacks. This means had been continued for some months, when she predicted some impending misfortune. “And in truth,” says A., “I found her a few days afterwards in a violent fever, the understanding disturbed, tremulousness of the extremities, and these symptoms increasing for a week, delirium supervened. She would lie for hours together, in a state of stupor, with entire relaxation of the nerves. On a Saturday, she had a lucid interval, and the sacrament for the dying was administered. At 6½ P. M. of the same day, I found her perspiring freely, heavy respiration, unintelligible mutterings, and not sensible enough to answer my questions. I magnetized her, in the hope that she would obtain some rest. In her magnetic sleep she commenced weeping bitterly, and at the same time informed me that a strange man had shortly since entered her room, and misused her in a shocking manner.

At first I thought this the effect of a disturbed imagination or false impression, though under the influence of magnetism, but as she named a person known to be in the vicinity, I made an examination of her sexual organization, and found there were truly suspicious indications that she had been violated, as alleged. The *pubescence* of the *labia pudendi* was made adherent by a viscid fluid, resembling a seminal secretion; whilst a turbid sanguineous matter, exuded from the entrance to the *vagina*. The *labia externa* were remarkably irritated and reduced. Patches and stains were visible on her body linen. She stated that the person held a handkerchief in his hand, which he left in her bed. When she came from this magnetic sleep, she, whilst feeling for something to wipe away the perspiration, found the strange pocket handkerchief, and manifested much surprise at its presence, inquiring if it was not mine.

By this I recognized her ignorance in her waking hours, of what she has just informed me in her magnetic state. On my inquiry of the aunt what had passed in my absence, and whether any strange man had been with my patient; she answered as follows:

"A son of N. was here twice. He came first at two P. M. The sister of A. M. was here then. He said the Brewer's wife had informed him of a sick girl, and that he had come to visit her. At his first coming A. M. was senseless. He talked to us about her complaint, took her hand, and looked at it. He said, "that gal will live but a few days," 'her hands are the color of wax now.' It's a great pity for she is so handsome." When she came to herself, he joked with her and said, "if she would only get married she would be well."

He staid with her a short time after we went out of the room. She told me afterwards when I came in,

that N., before leaving her, pinched her chin, and that she was offended and turned away. I staid in my room the rest of the day, leaving the door leading to her room ajar. About six in the evening N. came again. He rapped on the stair and I came down. The girl was then out of her senses. N. seeing her in this state, said I had better leave, and he would watch the patient till she waked up, as he liked to talk with her. So I went up to my room, not having the least suspicion; some time after I heard a noise, as the moving a stool backwards. I ran down stairs in a fright. Here I found N. setting on a stool at the foot of the girls bed, with his hands still on the coverlet, and buried as if covering her feet,—then he put his feet together quick, and pulled the skirts of his coat around before, and holding them, so as to make me suppose his pants were open, and he wished to hide them,—the soup-dish sitting beside the bed was upset, the stool standing before the bed when I left, was now at its foot,—the girl still senseless. I scolded him for upsetting the soup dish, and as I laid hold of something; he left saying “God defend you.” I concluded, from these circumstances, that he had abused the girl sexually. I did not look him in the face, and therefore can not say, whether he appeared frightened at my sudden appearance. I did not see the handkerchief left in her bed.

In pursuance of the information made by surgeon A. on Septamber 5th, 185—, a judicial commission was appointed, consisting of the Examining Judge, the sworn Protocal bearer; two doctors, as experts, the attending surgeon A., and two judicial witnesses, to meet on the 7th of the month, at 9 A. M., at the place and residence of A. M., and proceed to an examination under their oath. All was to proceed according to law, in the mean

time ascertaining in regard to the previous moral standing of the accuser and deliver their finding to the protocal.

A. M. was found lying in a bed in a room even with the ground, the four windows of which were covered by curtains. She is of middle size, slenderly and regularly formed, the expression of her pale countenance indicating religious enthusiasm, face well formed, regular and attractive, abundant brown hair, dark blue eyes, respiration somewhat hurried, the abdomen, especially in the epigastric region, distended, tympanitic, very sensitive to pressure, below the umbilicus, the common teguments, cool, dry, tender, and on the hands, pale, the pulse small, at first hurried, afterwards more quiet. Her understanding, unclouded, she answers the questions propounded correctly and without affectation. Questioned in regard to her former lovers, and whether she had permitted them liberties, she appeared much ashamed, but gave a decided negative. She knows what passed between her and the accused, only through the medium of the surgeon. She has a dark recollection, quite indistinct, that the man N. had visited her on Saturday, that during his presence, she fell into a state of long insensibility, and that she saw N. again on awaking from it. On this day the pain in the abdomen was so increased that she had to apply to surgeon A. She would know N. by sight, but has no more intimate relations with him. On the intimation of A. that he would not be able to put her into a magnetic sleep in presence of the commission, the members retired, but were directly recalled, and put *en rapport* with the magnetized girl. That is, the surgeon touched the subject with his left hand, whilst he extended the right towards the assemblage present. The girl lay in a bed, motionless, and as if sleeping. By separating the palpebra, the eyes were

observed unsteady, and rolling, directed internally; the pupils dilated. On pressure of the abdomen, there was no expression of pain manifested. She did not recoil at the flies alighting on her face. Her respiration, somewhat quickened. The genital organs were examined, (here the non-medical portion of the committee withdrew) and found not more developed than those of a female of fifteen years, (*the translator will be excused for rendering the German into latin, for the following*), *Labia externa, raripilosa, bene clausa, non tumentia, capillis adherentibus, nymphae coarctantur, color roseus, clitoris et urethra naturalis*. The remains of the hymen were seen on each side in a state of nearly perfect cicatrization. The whole parts, and vagina, irritated and reddened.

A. M. was questioned at length by the commission, in regard to the act of violation. Her answers accurately given, detailed the circumstances of the attack, on the part of the accused. We gather from these answers, that N., having been left alone with her, whilst in a defenseless state, removed the feather bed that covered her, introduced himself into her bed, and by the same act, both violated and deflowered her. That she experienced neither pain nor voluptuousness from *ipso actu*. That, in her natural waking state, she has not the least recollection of what happened to her, and only testifies under the influence of animal magnetism.

Her evidence as taken by the examining officer, whilst in her artificial magnetic state, was delivered over to the judicial physicians, with a demand for their written opinions, in answer to the queries following, viz:

Query 1. Has there been according to the finding of the commission, committed on the body of A. M., a rape, was it attempted, or perfected?

Query 2. If in the affirmative, are there sufficient

grounds, deduceable from the appearances on examination, to decide with certainty, or with probability, that this rape was committed on her in a virgin state?

Query 3. Can it be decided, according to your examination, with certainty or with probability, that the violation was accomplished, during a state of unconsciousness on the part of A. M.?

Query 4. Was the sexual abuse of A. M., attended with injurious consequences for her, and in what respects?

Query 5. Are the statements of A. M., and those of her witnesses, in regard to her symptoms, and respecting her diseased state, contradictory to scientific experience, on the subjects of somnambulism, and of animal magnetism?

(In answer to these queries each of the two judicial physicians gave a written opinion in his own words and where they correspond in opinion I have endeavored to comprehend the sentiments of both in one answer. Where they appear to entertain opinions somewhat different, I have permitted each to answer for himself).

Ans. 1. The appearances on examination, (repeated as heretofore given by surgeon A.) would indicate that there had been a coitus on the body of A. M. either attempted or perfected at time designated. That emission resulted from this coition, cannot be affirmed with certainty or probability, in as much as the chemical analysis of the stains found on the chemise of A. M., showed them to be caused by mucous and not by seminal contact.

Ans. 2. The lack of prominence in the labia, the close union and perfect opposition of the labia and nymphae, indicate a seldom practice of coitus with A. M. The cicatrization of the rents in the ruptured hymen, are inconsistent with a belief in her virginity on the day of

September 2d, as it is not usual for this rupture to heal in five days. The exhibition as detailed by surgeon A., unless the effect of a menstruation at the time would be favorable to her being in a virgin state. The presence of blood however, cannot always be taken as a proof of the virgin state, as it does not always accompany defloration, for all females do not loose blood at the first coitus, and likewise those who are no longer virgins may exhibit this token of previous chastity, by a disproportion in the sexual organs, or when coitus is effected with impetuosity.

Ans. 3. By Dr. *a.* It is manifested by the concurrent testimony, with probability that the coitus was effected when A. M. was in a state of insensibility. The aunt had just left her in such a state. Her moral reputation, the almost virgin condition of her genital organs, the recent venesection she had need performed, all conspire to render it improbable, that she had surrendered herself to the lusty embraces of a stranger, yet the known artfulness, and love of deception, together with the weakness of hysterical females, render it difficult to determine, whether she was really unconscious.

Ans. 3. By Dr. *b.* It cannot be asserted with certainty, nor with probability, that A. M. was, according to the finding, in a state of insensibility, at the commencement of the coition, as this was manifested to four eyes.

Ans.. 4. The sexual abuse of A. M., was succeeded according to surgeon A., by increased difficulty of respiration, by local, spasmodic, distention of the bowels, and by debility. Whether these symptoms increased, or vanished, and what other injurious effects were developed; later and repeated examinations of A. M.'s state, would be necessary, to determine with any degree of accuracy.

Ans. 5. By Dr. *a.* The testimony of A. M. and that of other witnesses touching her diseased state, is not in

contradiction with the received medical experience, on the subject of somnambulism, and animal magnetism. Her sensitive, nervous constitution, the large venesection, recently made, for a traumatic inflammation of the stomach and bowels, her subsequent attack of catalepsy, all assist in making a predisposition to an extatic, and magnetic state; the present medico-legal witness had an opportunity, a fortnight earlier, to observe her in such a paroxysm of extacy, when her eyes were so fixedly and immovably directed above, that she was sensible to no change of light, or other excitant, the pupils remaining the same. Her attendant surgeon, is a talented, learned, and prudent gentleman; formerly a disbeliever in animal magnetism. He has not as yet discovered, after long-continued daily observation, any traces of simulation in her. He has been made a believer only after her revelation of secrets, known to him alone, during her magnetic sleep. Besides, she seeks to avoid every ostentation herself, and ordered her physician to admit no one to her, unless absolutely necessary to her assistance, as heretofore when with her sister, the crowd of visitors greatly annoyed her (she was later taken to St. S. hospital). These are all significant facts, that speak loudly for the reality of her present extatic, and magnetic excesses, yet not sufficient to remove all doubts, which indeed, nothing but long-continued critical observation, would be able to remove. For this purpose it would seem necessary, furthermore, to have an undoubted confirmation, of not only the character of her extatic magnetic state, but also of her life, together with a reliable history from the hospital, and from her physician.

Ans. 6. By Dr. *b.* As the existence of animal magnetism, is as yet not a fact established, it is not strange that it is denied by not a small number of physicians.

Without wishing absolutely to call in question its existence, we must openly confess that its manifestations, as exhibited in A. M., are not such as necessarily to enforce the conviction that she was actually in a state of magnetic sleep.

After the surgeon had, during our retirement, (for he said he could not in our presence), put her in a magnetic sleep, the commission found her lying motionless in bed, with closed eyes. She answered such questions only as were put by the surgeon. To dissemble such a state, with such symptoms, requires indeed, no great artificial training, no very vivid imagination. But that hysterical females are often disposed to exhibit such freaks, and that these exhibitions have frequently been dismasked, is a matter of well known history. In fact, it is easier to suspect such dissimulation than to establish it. The physician, that now considers the existence of animal magnetism, in the light of a 'foregone conclusion,' will esteem the evidence of A. M., and that of her witnesses, touching the morbid state and symptoms of the former in perfect unison with the experience and teachings of science.

In an opposite category, will be found the physician, who is a disbeliever in animal magnetism. Should a continuous and attentive observation, lead to confident results, this observation must be made in a house consecrated to the sick alone. In conclusion, I learn that A. M. can no longer be brought in a magnetic state by the attendant surgeon A. (*Since declared untrue by the surgeon*).

As given voluntarily to the board, here follows:

THE FIRST STATEMENT OF THE ACCUSED.

He was aware that the public held him guilty of misusing A. M., but is conscious of his innocence. Came

to the town of S., the residence of A. M. on September 1st, and then first heard of her diseased state, could tell all that was passing in the town without stepping out of the house. He called the other day to see A. M. and found her in bed and sleeping, but she soon awoke. She spoke to the sister and waiter (aunt) and they again left the room, the latter soon returned. He took leave soon and A. M. who appeared in good spirits invited him to call again and relapsed into a drowsy state before he left. He called again in the afternoon, he cannot say at what hour. When the waiter opened the door for him, A. M. was sleeping, but soon awoke. As the waiter soon afterward absented herself he immediately expressed his desire to her and she answered in a distinct voice *ja*. Directly after the *coitus inceptus* he remarked that she again fell into a somnolent state which caused him to be seized by an aversion which compelled him to desist before emission. He adjusted his clothes and in a few minutes after withdrew without speaking to the attendant who entered just before. He must give a decided denial to the statement of A. M. that he had abused her in her insensible state. He denies sending away the waiter for the purpose of realizing his object and also of being disturbed at her return.

N. is unmarried, is 31 years of age, measures $5\frac{1}{2}$ feet, is well proportioned, but slender, appears robust, and with the exception of a rupture is mentally and corporeally sound.

THE SECOND STATEMENT OF THE ACCUSED.

It having been repeatedly represented to N. in his appearances before the judge that it was difficult to believe that A. M. who had always born a good character, so shortly after taking the dying sacrament could volun-

tarily submit to such an immoral transaction whereupon N. proceeded to a public confession, remarking that if he had known of this circumstance before, he would not have burthened her with this voluntary crime. After the first visit he had not the most remote idea of making such a proposition to A. M. He was on his way returning from the residence of the latter, when his dog, that he led by a cord broke loose and returned toward N. He hastened after the dog and then came again to the residence of A. M. Here he remembered the invitation of A. M. for him to call again. Just as he entered the room, the aunt V. G. also entered, remained a short time and left the room, leaving him alone with A. M.. He found her in a sleeping state, in which she remained so long as he was there. Now first was awakened in him a desire to use her carnally. She lay in bed on her back and was motionless with her head raised somewhat, her eyes as he believed closed. The feet were outstretched, position of her hands not remembered. She was dressed in night gown and chemise, and covered by a feather bed. He gently raised her linen, shoved the covering one side and but partially effected a penetration, when he conceived a disgust or fright, which must have been occasioned by a consciousness of the injustice of his action and he voluntarily abstained from the consummation of the inceptus coitus before any ejaculation and without any cause on the side of A. M. who lay constantly, motionless, speechless and insensible.

The foregoing proceedings of the Examining Court, were delivered over to the K. K. (*Königliche Kaiserliche*, royal imperial) court of the realms and this court, in view of the importance of the case, presented to the K. K. College of Physicians, three queries for solution. The questions and answers given at length though, exhibiting much eradition, would extend this report, already long,

to a tedious length. I may in future, if required, give these queries and their responses *in extenso*, but at the present, must content myself with merely indicating their import.

Query 1. Is there, according to the medical experience of the past, such a state, simulating sleep, in which a person may receive impressions, that cannot be recalled in the natural awaking, but may be remembered and imparted in the return of the sleep resembling state?

Ans. 1. There is no proof of such a state, as described in query 1st. But it is known, that individuals, affected with periodical insanity, can remember in one paroxysm, the acts of a previous attack, although they have no remembrance of these, in a moral sound state of the mind.

Query 2. Can it be admitted, that the accuser A. M., was in such a state, at the time the act was perpetrated, and again when she testified to the commission?

Ans. 2. The two conditions referred to, were not identical. The fact was spontaneous, and the effect of disease. The other artificial and superinduced. In the first, she could not speak, in the second she could. As this last is itself problematical testimony all taken in it, could be received only in the absense of all other.

Query 3. Provided it is not established, that A. M. was insensible, might she not be considered as defenseless, from her idiosyncrasy and the state of her disease?

Ans. 3. Animal magnetism is discredited. It is characterized as a magic circle, into which courts cannot be drawn, without involving themselves in endless difficulties. Her pretended state of magnetism is esteemed a ruse, a hysterical trick, pardonable in as much as it brought the accused to a confession, of which her aunt, her medical attendant, and more than all, her own local sensations, convinced her must be true, and which her moral reputa-

tion should corroborate with the court. The whole reasoning on this point is a *chef d'œuvre*, of medical logic and learning, and vindicates the title obtained for the K. K. Faculty of Vienna, the "Doctoren Collegium," as of the very highest order of intellectual culture to have been justly acquired.

The accused was convicted of the crime of ravishment and underwent the punishment provided by law in such cases.

ART. XLVI.—Malpractice—Suits for—Their Influence upon Physicians and the Community.

EDS. PEN. & IND. — I solicit a small space in your columns, not merely because I feel myself aggrieved—not only because I have suffered gross injustice, and wish to make a truthful statement of the facts that my professional reputation may not suffer more than it deserves, but because, I still cherish the profession of medicine and surgery, and desire to express my regrets that such powerful arguments should be brought to bear to discourage from the necessarily long and toilsome course, those individuals who are otherwise possessed of sufficiently strong sympathies to induce them to spend years of constant study and observation, in order to become qualified to administer to the relief of their suffering fellow mortals.

Because the power of the surgeon, like that of other mortals, is limited,—because he can not at all times render a broken limb as near perfect as the creator made it in the first place,—because there are destructive processes entirely beyond his control,—he must needs be prosecuted.

Such treatment is "very poor pay" for sympathy bestowed, and services rendered, besides being somewhat *discouraging*.

This inevitable result will and *should* be to deter all

educated physicians (and hence all who feel the weight of their responsibility) from rendering any assistance whatever (except perhaps to relatives and intimate friends), in that class of cases, which above all others (accidents), calls for the prompt attendance of the surgeon.

Permit me, in this connection, to make a truthful statement of some of the most *important facts* in relation to a *particular case*, (the case tried at Mason, in December last, and to which many of the readers of this article undoubtedly listened) after which I will advert to the necessary influence of *this* and similar cases upon physicians and the community at large.

On Saturday afternoon, the twenty-fifth day of April, A. D. 1857, I was summoned to visit Franklin, infant son of Isaac C. Drew, a child of four or five years of age.

I found him with the tibia (larger bone of the leg) broken at about an inch or an inch and a half above the ankle joint.

The boy was pale, puny, and considerably emaciated, not having entirely recovered from a severe and protracted pneumonia,* or inflammation of the lungs.

I know this of my own personal knowledge, as I attended upon the child through this sickness, and but a few weeks prior to the date of the occurrence of the accident at present under consideration.

At the time of the sickness the parents neglected to send for a physician until they nearly despaired of the life of their child (the attack was violent, and the inflammation rapid in its course), so that when I first saw him, both lungs were severely and extensively inflamed, in one of which the inflammations progressed to the *third stage*, or that of supuration.

Every physician knows that where a patient in this situation recovers *at all*, the convalescence is necessarily greatly protracted. At the time I set the broken limb, the mother of the child remarked that he was very unfortunate, as he had but just sufficiently recovered to be permitted to play out of doors. By some circumstance, a pole from four to

* The fact of this sickness was proved upon the witness stand.

six inches in diameter, and from twenty to twenty-five in length was placed with one end upon the fence and the other upon the ground.

Straddling this pole at near its middle, the boy commenced to teeter. The end slipped from the fence and came down across his leg at the place of the fracture with such force as to leave the impression of his foot and ankle in the ground.

The soft parts were of course considerably bruised and to all appearance somewhat *lacerated* internally, though the fracture was not a *compound fracture*, that is to say, the ends of the broken bone did not entirely pierce through the skin. Appropriate splints were carved out and the limb properly set and dressed.

As the testimony in relation to the *bandaging* of this limb was more distorted from the truth than *most* of the other testimony, it may not be inappropriate to relate the method adopted in detail.

A many-tailed bandage (not a roller or long bandage, as Geo. W. Wilson testified), made of old slazy cotton cloth, was first applied to the leg, and the ends folded successively upon each other from the *ankle to the knee*.

During the time that I attended upon the boy there was never a bandage of any description applied to his leg, either external or internal to the splints, in the direction of from ABOVE DOWNWARDS, the testimony of the Messrs. Wilson to the contrary notwithstanding.

After being thoroughly wadded, the splints were next applied, and retained in place by another many-tailed bandage. This bandage, external to the splints, was used instead of strings, because from some little experience, I believe it to answer, a much better purpose. By coming in contact (even slight though it be), with the splints throughout their entire length, and extending over their extremities, the probability of their being displaced, by contact with the bed-clothes, or, from other cause, is much less than when their extremities are merely tied with strings.

This bandage was made of new cotton cloth, and was applied in the direction of from the ankle towards the knee.

These facts are not material to the case, but are men-

tioned here, because, upon the trial (to use a mild term), they were unduly *emphasized*.

Had the testimony in relation to the direction, in which this bandage was applied, *been true*, it would have been of no account, as was shown upon the stand by reliable medical testimony. As this bandage did not come in contact with the leg it must appear plain to every one, that the direction of its application could not have the least possible influence upon the circulation.

For the purpose of rendering the necessary pressure uniform, as well as to guard against changes of temperature, the dressing was completed by applying an ordinary bandage (roller) to the foot in the direction of from the ankle to the toes.

With such a dressing as this, it is obvious that the leg could be entirely exposed without raising it from the pillow, or disturbing its position in the least.

Isaac C. Drew being away from home at this time, the ordinary general directions were then given to his wife, and her sister-in-law who was residing upon the premises, and in the same house, I think, at the time.

I stated that in case certain symptoms should arise, which I fully explained to her (Mrs. Drew), and among which I dwelt upon *severe pain* as one of the most *important*, she should cause me to be sent for immediately.

I also explained to her that from the change of circumstances to which all fractured limbs are necessarily subjected, a disagreeable and annoying itching or tingling in the part is of no uncommon occurrence.

In the event of the occurrence of this sensation to a disagreeable extent, I advised the application of a stimulus, suggesting at the same time the use of camphor, alcohol or brandy.

In the use of the stimulus under these circumstances I directed that it might be allowed to slowly penetrate through the bandages, between the splints, to the affected part.

Mrs. Drew asked me, what she should wet the boys leg with, hence I was *very particular* in giving *explicit directions* that it should not be wet at all, except perhaps, with the stimulus above mentioned, and with that, only just sufficiently to accomplish the desired object as above explained.

That any harm resulted to the boys leg in consequence of the external bandage being made of *new* cotton cloth, as has been maintained, is *simply absurd*. The same destructive process would have taken place, had the splints been retained in position, by leathern straps or strings of tow.

On the next Wednesday (April 29th) I exposed the limb thoroughly, examined it carefully, and readjusted the bandages and splints.

I found that the attendants (the parents of the child), had disregarded my instructions and kept the limb *constantly* wet with brandy,

As, aside from the discomfort, the limb suffered no harm from this unauthorized treatment, neither in truth nor from the testimony of any of Drew's witnesses, I mention the fact, without comment. At this time there was no very unusual appearance about the limb.

Near the seat of the fracture were to be seen several small *vesicles* or *blisters*. Mr. Drew inquired concerning the cause of them.

I remarked that they are of no uncommon occurrence—that very few fractured limbs indeed, are treated to a termination without giving rise to them.

I explained to him that they consist of an effusion of serum beneath the cuticle, which, upon fractured limbs, usually takes place in consequence of the cutaneous circulation being *necessarily* somewhat impeded by the bandaging, and that such was probably their cause in the present instance.

For the sake of illustration, I directed his attention to the vesicles that occur upon the limbs of invalids who have been confined to their beds for any considerable length of time, where the difficulty is caused by the *mere pressure of their own weight upon the bed*.

This is the true statement of the ^{real} conversation that was perverted upon the witness stand into an acknowledgment that I had bandaged the limb *too tightly*.

I do not pretend to accuse any individual who testified in this case, of knowingly and intentionally swearing falsely; *but I do pretend to say that an individual who is entirely ignorant of physiology, pathology, and therapeutics, is not a proper judge of the principles of surgery*. There would be no more

impropriety in compelling our statesmen and our sailors to exchange places.

Let me appeal to our enterprising and thrifty farmers. Would you be willing to trust the superintendence of your farms to men bred upon the decks of our merchantmen?

Would you willingly act as a committee to examine the qualifications of the commander-in-chief of the American army?

At this visit Mr. Drew informed me that the child had suffered from severe pain, and that he had neglected to send for me, as directed, because it was a long distance to send and he had no horse of his own.

Whether the limb actually suffered any positive harm from this entire disregard of explicit directions, makes no manner of difference so far as Mr. Drew's individual culpability is concerned. At the third dressing, (Saturday, May 2d, 1857, according to the testimony of *Drew's own witnesses*) the bandages and splints were entirely removed, and the limb placed upon a double inclined plane, or in a fracture-box as it is sometimes termed.

From this time forward, until the day of the amputation, there was no bandage of any description applied to the limb. The fragments were kept in apposition by means of cotton batting inserted between the limb and the sides of the fracture-box, in addition to extension. Neither at this, nor at either of the next two subsequent dressings, May sixth and ninth, was there any very alarming appearance about the limb. It was still considerably swollen, and to all appearance somewhat infiltrated with blood.

The boy, as has been before stated, was in a very feeble condition of bodily health, and hence was put upon tonics and supporting treatment generally.

Upon the thirteenth day of May, there was a slight appearance of gangrene just discoverable at the ends of the toes, and a little sloughing on the leg.

It will be observed that this occurred just *eighteen days* after the first application of the bandages, and *eleven days* after they were all entirely removed. Mr. Drew's witnesses testified concerning the disagreeable condition of the leg upon

the seventeenth day of May, or, "the day before it was amputated," but did not state that it was "dead" at any time previous, although mortification actually commenced upon the thirteenth.

They laid particular stress upon the "loathsome" condition of the limb at this time, for the purpose undoubtedly of making a thorough impression upon the sympathies of the jurors, which object they probably successfully accomplished. The jury should have borne in mind, however, that this is the very reason for which the limb was amputated.

Should a surgeon amputate a *sound* limb, there would then most certainly be a very good reason why he should be prosecuted for malpractice.

The dastardly and fruitless attempt of Mr. Shaw to make it appear upon the witness stand that it was my desire to leave the boy to die without giving him the chance of an amputation, convinces me more thoroughly than ever that justice is not always obtained from our courts of law.

I have no recollection of meeting Mr. Thomas McKernan on my return home from the residence of Mr. Drew upon the seventeenth day of May, 1857, as he testified; but granting that I did, I will not hold myself responsible for any answer I may have made him or any other inquisitive, meddlesome and disinterested person.

Before leaving Mr. Drew's residence, however, upon this identical day, I informed himself and family that it would be necessary to amputate the limb, and stated that I would procure assistance and return upon the next day prepared to make the operation.

Upon the next day, the limb was amputated, though not until the bare possibility of the child's ability to survive the operation had been thoroughly discussed by Drs. Ackley, Spencer, and myself.

In this connection it may be well to call the attention of the reader to the fact that Mr. Drew claims, and attempted to show upon the trial, that the limb was bandaged so tightly as to cut off the circulation, and thereby cause mortification.

Upon the defence it was conclusively shown by reliable medical testimony, that if the circulation of the blood in a part, he sufficiently interfered with to produce mortification at

all, it will make its appearance within *three or four days at most*. In this instance, the first appearance of mortification did not occur until *eleven days after all the bandages had been entirely removed*.

The direct testimony in relation to the tightness of the bandages was given by the Messrs. Wilson, who testified that in *their opinion* the bandages were *too tight*, but that they *did not know*, as that was the only broken bone they have ever seen set.

What *was* the exact cause of mortification in this instance, of course I could not show upon the trial any more *pointedly* than has already been intimated in this article, as no physician or surgeon excepting myself saw the limb from the day it was set until the day it was amputated.

Substantial and abundant medical testimony, adduced both from living witnesses and medical authorities, was produced to show that the mortification *might have resulted* from *any one* of at least half a dozen causes, as for example, *severe bruising and laceration of the soft parts, infiltrations of blood from a ruptured vessel, erysipelatous inflammations, debility* from any cause, various *constitutional affections*, and even from the *nervous shock* caused by a blow *insufficient to produce any perceptible physical harm*.

Judge Lawrence, distinguished alike for his ability and integrity, both as a lawyer and a judge, charged the jury to the effect that in order to find for the plaintiffs, *they must not only find that there had been malpractice* (wrong practice) *in the case, but that the mortification and loss of the limb necessarily resulted from that malpractice*.

He further charged the jury, that, inasmuch as it is a common principle of law and justice that no man shall be held responsible for the misconduct of another, in order to find for the plaintiff, they must find that he (the plaintiff), was neither wholly nor in *part* at fault and hence responsible for the wrong treatment.

In this connection, permit me to state that it was proved upon the stand that Mr. Drew acknowledged that I left explicit directions to be sent for in case the boy should suffer much pain, &c., and that the reason he did not send for me is because the roads were bad, &c., as before stated.

After about three hours, deliberations the jury returned a *heavy judgment against me*, Concerning the fate of the *law and evidence* in this case, I cannot positively affirm.

The reader has now become conversant with the facts and hence is justifiable in forming an opinion.

It is not to be presumed that as a general rule lawyers are very conversant with medicine and medical terms.

In several instances during the trial, my medical witnesses suggested to my lawyers, through the instrumentality of pencil and paper, questions in a proper form to be asked the witnesses.

Since the trial, I have been informed that one of the jurors at least, makes bold to say that "*we did not pay any attention to what the doctors swore to as from the billets and slips of paper that frequently passed between them, it was plainly to be seen that they were conniving together.*"

I have also been informed that it was remarked in the jury room, that, "if Dr. Corbin does not know his business, he ought not to advertise himself as a surgeon." I take no exceptions to this remark. I would ask, however, whether men, however well informed they may be in their respective spheres, entirely ignorant of the pathology and therapeutics, men who have never spent a tithe of the time necessary to obtain a license to practice medicine and surgery, and who in all probability, know nothing of the principles of *physiology* even, are *competent judges* of Dr. Corbin's ability to practice surgery?

In case such men, after having been sworn to be governed by the law and evidence in the case, should entirely lay aside the testimony of the "doctors," and perhaps that of other witnesses also, and decide upon their *sympathies*, I would ask, who *should* be liable to prosecution for *malpractice*?

Of the physicians of this and adjoining counties, I would ask, what shall be done to protect ourselves from such flagrant abuse? A *thorough* knowledge of our profession, and a *careful* application of its principles to the alleviation of human suffering, and the cure of disease, will not protect us.

Cases will occur where life and limb must be sacrificed in spite of human wisdom and human power.

None but the Creator can stay the ravages of disease.

The *physician* can only assist nature by the aid of science.

The quack and nostrum vender *only warrants cures*.

I can see but one way to *prevent* prosecutions, and but one way to insure justice *when* prosecuted.

Let every individual when called upon to treat a surgical case, insist upon the execution of a good and satisfactory bond, conditioned that neither the patient nor his friends shall ever prosecute for alleged malpractice.

I would suggest that a meeting of the physicians of this and adjoining counties be called for the purpose of organizing a society of the following description. Inasmuch as there is no law providing for a jury of physicians in cases like this, *where none but physicians are really qualified to judge*, I would have this society meet at least once a year, and elect a committee, whose duty it shall be to be present and sit in careful and impartial judgment upon the decision of each jury in every case of prosecution for alleged malpractice within the territory of the society.

At stated times this committee shall report its convictions, in addition to complete notes of all the testimony, to the society.

After due deliberation, the society should take action upon the report, and if it be found that, by *laying aside reliable medical testimony, and deciding upon their sympathies*, or from other cause, the jury shall have rendered an *unjust* judgment to the detriment of our profession, each member of the society should be obligated to refuse to attend upon any member of the jury under any circumstances whatever.

Under existing circumstances, it is the *rare exception* for a physician or surgeon to avoid a heavy judgment when prosecuted for alleged malpractice, however judicious may have been the treatment. Community as well as the jury, should keep constantly in mind the uncertainty of human life.

It should be remembered that a physician does not contract to *cure* disease. He merely contracts to supply (or rather to advise in the use of), those medicines and appliances which are best calculated to *assist nature in the case*.

A mechanic who contracts to repair a broken carriage for a stipulated amount, and instead thereof, ruins the whole structure, should be held responsible for the damages.

Vital and physical laws are vastly different.

GILBERT E. CORBIN, M. D.

Sworn and subscribed to, before me, this eighth day of
February A. D. 1860.

JOSEPH B. WALLACE,

Justice of the Peace.

STATE OF MICHIGAN, }
County of Ingham } to wit:

Uri Isbell, of the town of Stockbridge, in the county aforesaid, being duly sworn, says that during the summer of 1851, Isaac C. Drew, of the town of White Oak, in the county of Ingham, and State of Michigan, informed him (Isbell) that Dr. G. E. Corbin left explicit directions with his (Drew's) family, that in case his (Drew's) son should suffer much pain from his (the son's) fractured leg, he (Drew) should send for Dr. Corbin immediately.

Uri Isbell further says that Isaac C. Drew informed him (Isbell) that his (Drew's) son did suffer severe pain, but that he (Drew) did not send for Dr. Corbin as directed.

URI ISBELL,

Sworn to, this eighth day of February A. D. 1860, before
me,

JOSEPH B. WALLACE,

Justice of the Peace.

STATE OF MICHIGAN, }
County of Ingham. } to wit:

Stillman Noyes, of the town of Stockbridge, in the county aforesaid, being duly sworn, swears to substantially the same facts that Uri Isbell does, and in addition, that Isaac C. Drew informed him (Noyes) that he (Drew) did not send for Dr. Corbin, because it was a long distance to send, and the roads were bad.

STILLMAN NOYES.

Sworn to, this tenth day of February A. D. 1860, before
me,

JOSEPH B. WALLACE,

Justice of the Peace.

EDITORIAL REMARKS.—It would have been more satisfactory to the professional reader, had Dr. CORBIN first given an abstract of the testimony, then made his comments thereon. Still as we have the fullest confidence in Dr. C.'s strict integrity, and as in his statement all the material facts are set forth, we do not hesitate to publish his article. The explana-

tion of certain technicalities which is indulged in, we suppose to be for the benefit of certain non-professional readers.

The simple question is, as stated by the judge in his charge: Was the practice incorrect? and Did the mortification occur in consequence of that incorrect practice? There can be but one answer to the *last* question. How the testimony made the practice appear, we cannot say, for from Dr. CORBIN's statement, there was an evident attempt to make it appear as badly as possible; but from the evidence, it appears that mortification did not occur until *eleven days after the bandages were entirely removed*. With this evidence before them, the gentlemen (?) of the jury must have been either fools or knaves to have returned the verdict which they did. The attending physician was no more responsible for the mortification, than he was for the attack of pneumonia which preceded the accident.

With regard to the question of self-protection, we know of no better course to pursue, than to take along a witness to note accurately all the steps of treatment and make a full record thereof; otherwise the surgeon is entirely at the mercy of ignorant and oftentimes prejudiced witnesses. Such an attendant should be an intelligent person, capable of making both observation and record; a student would be convenient and available, but if a student of medicine, he should have nothing to do with the treatment of the case. Of course, the evidence of such a person would be of great weight with the court and an *intelligent* jury. (*A rara avis* we confess).

The bond, which Dr. CORBIN suggests, *would be utterly worthless*. Ask any good lawyer if that is not so.

In this particular instance, we are surprised that a new trial was not sought. Certainly, with such a charge as the judge gave, there can be no doubt but that it would have been granted.

G.

ART. XLVII.—Tetanus.

To the Editors of the Peninsular and Independent:

DEAR SIRs:—I have been for some time a reader of your valuable Journal, and hope you will excuse the liberty I take in sending you an account of a case of Tetanus. In your number for December, 1859, I noticed the report of an interesting case in N. Y. Hospital, which called to mind the one I send.

October 28th, 1856. I was called to see a lad about 9 years old, who had been injured by the wheel of a car, passing over the foot, crushing and lacerating the parts sadly. The lower ends of both bones of the leg were splintered, which compelled the removal of the injured part, about the lower third.

The wound was brought together after securing the artery, and with a little sloughing of the injured parts all went on well; ligature came away; wound looked healthy. On the 16th of November I was summoned in haste at night to see the patient (in a fit as stated by the messenger). I found him with Tetanus, jaws locked, his tongue between the teeth badly cut, and his person covered with blood. His head and heel resting on the bed in a state of complete opistholonos. I resorted to chloroform and ether, equal parts to relax the spasm, and ordered stimulants with beef tea, and commenced giving injections of assafoetida. This treatment was adhered to, and after four days of great anxiety and great suffering on the part of the little patient my efforts were successful in relieving him of all spasm. During this time the wound looked healthy; in truth, this fact urged me on. He was fed through a tube passed between his teeth, one having been removed for the purpose.

Truly and sincerely, yours,

H. CARUTHERS.

TARRYTOWN, January 26th, 1860.

ART. XLVIII. — Meteorological Register for Month of January.

By L. S. HORTON, House Physician to U. S. Marine Hospital.

Altitude of Barometer above the level of the sea, 597 feet. Latitude, 42° 24' N.; and Longitude, 82° 58' W. of Greenwich.

Date	Barometer.			Thermomet'r			Hygrometer			Force of Vapor in Inches			Relative Humidity			Winds — Direction and Force.					Rain and Snow.			
	7 A.M.	2 P.M.	9 P.M.	7	2	9	7	2	9	7 A.M.	2 P.M.	9 P.M.	7	2	9	7 A.	2 P. M.	9 P. M.	BEGAN.	ENDED.	QUAN.	DEPTH.	REMARKS.	
1	29.58	29.78	29.84	14	2	7	..	..	..	..	..	..	..	..	..	S.W.	2 S.W.	3 S.W.	2				
2	29.90	29.84	29.70	8	15	2	9	13	3	.017	.056	.026	.57	.64	.67	S.W.	1 W.	2 W.	2					
3	29.65	29.62	29.60	8	17	12	7	15	10	.037	.063	.046	.56	.67	.61	W.	2 S.E.	2 E.	1	8.15 a.m.	1.35 p.m.	.05	2.00	Snow.
4	29.72	29.75	29.80	13	16	10	12	14	18	.052	.059	.040	.63	.65	.58	S.W.	2 S.W.	2 W.	2					
5	29.85	29.88	29.95	12	18	13	11	15	11	.049	.052	.049	.62	.52	.62	W.	2 W.	2 W.	2					
6	29.56	29.50	29.40	16	29	27	14	27	25	.059	.124	.112	.65	.77	.76	S.W.	3 S.W.	3 W.	3					
7	29.38	29.35	29.32	36	39	34	34	36	33	.170	.178	.175	.80	.72	.89	W.	2 W.	2 S.W.	2	4 a.m.	9.40 a.m.	.28		Rain.
8	29.30	29.48	29.50	39	41	34	36	34	33	.173	.105	.175	.72	.40	.89	S.W.	3 S.W.	3 S.W.	2					
9	29.62	29.38	29.44	34	41	38	33	37	35	.175	.168	.165	.89	.65	.71	E.	2 E.	3 S.W.	2					
10	29.52	29.68	29.58	43	48	33	40	45	30	.208	.260	.132	.75	.77	.70	S.W.	3 W.	3 W.	2	9 a.m.	4.30 p.m.	.20	1.00	R & S
11	29.68	29.74	29.75	14	18	16	12	16	13	.052	.067	.044	.63	.68	.49	W.	2 W.	2 S.W.	2					
12	29.74	29.70	29.72	16	20	16	14	17	13	.069	.060	.044	.65	.55	.49	S.W.	2 S.W.	2 S.W.	1					
13	29.78	29.60	29.52	18	29	20	16	27	18	.067	.124	.076	.68	.77	.70	S.W.	2 S.W.	1 W.	1					
14	29.44	29.39	29.32	22	34	29	20	32	26	.085	.155	.106	.72	.79	.66	S.E.	1 W.	2 S.W.	3					
15	29.16	29.12	29.18	34	42	33	33	37	31	.175	.155	.151	.89	.57	.80	S.W.	4 W.	3 S.W.	2					
16	29.22	29.28	29.34	38	42	34	36	38	32	.186	.177	.155	.81	.66	.79	S.	3 S.W.	4 S.W.	2					
17	29.38	29.32	29.28	27	32	30	25	29	27	.112	.126	.113	.76	.69	.67	S.E.	2 S.E.	2 S.E.	2	1 p.m.	1.38 p.m.	.02		Rain.
18	29.20	29.28	29.30	26	29	24	24	26	21	.106	.106	.079	.75	.66	.61	S.E.	3 N.E.	2 E.	2	4.30 a.m.	5 a.m.	.06	1.00	Snow.
19	29.30	29.34	29.35	28	35	33	26	32	31	.117	.142	.151	.76	.69	.80	S.W.	2 W.	2 S.W.	1					
20	29.40	29.42	29.44	34	42	34	32	38	32	.155	.177	.155	.79	.66	.82	S.E.	2 S.	2 S.E.	1					
21	29.38	29.40	29.48	38	43	33	34	37	30	.144	.142	.132	.62	.51	.70	W.	2 W.	2 W.	1					
22	29.52	29.60	29.65	35	44	30	32	36	27	.142	.108	.113	.69	.37	.67	S.W.	2 S.W.	2 S.W.	1					
23	29.72	29.74	29.68	27	48	35	25	44	32	.112	.236	.142	.76	.70	.69	S.E.	2 S.E.	2 S.E.	2					
24	29.45	29.51	29.58	44	50	33	39	45	31	.173	.234	.151	.59	.64	.80	S.E.	3 S.E.	4 S.E.	4	11.38 a.m.	6 p.m.	.06		Rain.
25	29.62	29.64	29.62	27	36	32	26	33	30	.129	.149	.144	.88	.70	.79	W.	2 S.W.	3 S.W.	4					
26	29.68	29.57	29.52	22	33	30	20	32	28	.085	.168	.130	.72	.89	.78	N.	3 N.E.	3 N.E.	2					
27	29.60	29.47	29.45	27	35	32	25	33	30	.112	.162	.144	.76	.79	.79	E.	2 E.	4 S.E.	3	5.55 a.m.	4.35 p.m.	.12	3.00	Snow.
28	29.42	29.38	29.46	29	37	30	27	34	27	.124	.157	.113	.77	.71	.67	S.E.	3 S.E.	3 S.	3	3.35 a.m.	7.15 a.m.	.04	1.00	Snow.
29	29.10	29.29	29.32	31	40	30	30	36	27	.155	.160	.113	.89	.64	.67	S.	W.	2 W.	3					
30	29.40	29.46	29.89	28	37	31	26	34	27	.117	.157	.101	.76	.71	.58	W.	3 W.	2 S.W.	2					
31	29.72	29.74	29.78	9	10	3	7	7	..	.037	.026	.010	.56	.37	.19	S.W.	2 N.W.	2 W.	2	6 a.m.	7.35 a.m.	.01		Rain.

Bibliographical Record.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By FRANK HASTINGS HAMILTON, M. D., Prof. of Surgery in the University of Buffalo; Surgeon to the Buffalo Hospital of the Sisters of Charity; Consulting Surgeon to the Buffalo General Hospital, and to the Buffalo City Dispensary. Illustrated with two hundred and eighty-nine wood-cuts. Philadelphia: Blanchard and Lea. 1860.

IN a year so prolific of original American Books on Medical and Surgical subjects as the last has been, we can begin to scrutinize somewhat closely the new productions as they emanate from the press. But the book before us sustains the examination, and we are proud to point to it as a home production. In many respects it is surprisingly complete; particularly so in all that pertains to the details of surgical appliances. In fact, upon this point, it will require the judgment of experience to select the most appropriate, and reject that which really almost obsolete. Current medical literature, too, has been made to yield up its facts and theories to such an extent that the book is almost a complete *index rerum* referring the subjects under consideration.

But while we are proud of the book we can not give it unqualified approbation. Two of its chapters disappointed us. That upon delayed union and non-union is by no means in keeping with the completeness which characterizes most of the work. In this respect it will not bear comparison with Malgaigne. The subject as a whole has not received that attention which its importance demands. As perfect and as speedy a union as possible is the great aim of the surgeon in a case of fracture; and to secure it, he must contemplate and guard against all those causes which endanger such a result. These causes call for a more extended notice than Dr. HAMILTON has given them; and the means of counteracting them should also have been more fully dwelt upon. The latter defect of this chapter is, however, atoned for

in some degree by some five pages upon the consideration of delayed union in the humerus, which occurs in that part of special fractures devoted to this bone. It is a well known fact that the humerus is greatly more liable to be the seat of non-union than any other bone in the body; and the reason of such liability is probably to be found in a *transverse* motion at the seat of the fracture which Dr. HAMILTON first called attention to in 1854. This transverse motion, according to Dr. HAMILTON, is produced by the dragging weight of the forearm and the motions imparted to it by the patient in his efforts to support it, and in the varied motions of the body, the joint at the elbow having undergone "a temporary false ankylosis" arising from "a rigidity of the muscles and other structures." Such motions of the forearm, the joint being in a state of "temporary false ankylosis," of course are imparted to the lower fragment of the fractured humerus. We can not fully agree with our author here as to the cause of these transverse motions. We must also attribute them largely to the action of the pectoralis major, latissimus dorsi, and teres major muscles, which act at right angles with the shaft of the humerus. Dr. HAMILTON takes pains to deny the peculiar efficiency of these muscles, and in proof says: "... similar muscles, with similar attachments, on the femur and on the clavicle, tending always powerfully to the separation of the fragments, occasion deformity, but they seldom prevent union." But in the case of the clavicle, *not a muscle acts at right angles with the shaft but has its antagonist*; and in the femur, all the muscles to which Dr. HAMILTON refers, arise from the pelvis, which during the treatment of the fracture is kept very nearly immovable. They act, too, at a much less advantage than the above named muscles which are inserted into the humerus. On the contrary, to appreciate the influence of these last named muscles upon the humerus, we have but to call to mind the part which they play in various motions of the body. In a report upon this subject which we made to the State Society in January, 1859, we held the following language:

"When we remember the insertion of the pectoralis major, and latissimus dorsi muscles, and consider their great power, and the fact that they are called into action in respiration

and in the various movements of the body, it will be seen that they must necessarily move the fragments of the broken humerus upon one another in a most energetic manner, and that this motion is also transverse. The inability to apply dressings in such a manner as to control the upper fragment, adds, also to the danger of non-union. Still another reason is to be found in the restlessness of all patients. In fractures of the femur, this restlessness produces much less influence upon the fragments than in fractures of the humerus. In the latter case, the least movement of the body, or even a long breath, disturbs the fracture through the muscles above mentioned. The fatigue of maintaining one position constantly provokes an effort to alter the position of the body. This effort in every instance tells upon the fracture. Even the luxury of a deep drawn breath is indulged in only at the expense of disturbing the fracture. The motions thus resulting are all traverse, and disturb every portion of the uniting material which is in process of consolidation. Such disturbance must necessarily delay union, and when other causes co-operate, is sufficient oftentimes to prevent it altogether."

We confess, also, to something of a feeling of disappointment in seeing such undue prominence given to the old, but necessarily barbarous method of reducing dislocations by extension and counter extension. All varieties of this method are fully illustrated and dwelt upon; while but a single illustration of the method by manipulation (and that a very meaningless one) is given. We do not, by any means, condemn in toto the old method; but we hesitate not to say that it should never be put in practice till the more *scientific* and humane method of manipulation has failed; and we believe, that used intelligently, manipulation will rarely fail. To manipulate with success, the surgeon should first consider the probable position of the limb at the moment of escape from the joint, and the direction in which the dislocating force was applied; *he should then place it in exactly the position which characterized it at the moment of the escape of the joint end from its normal position in the joint. Its reduction will then generally be easy.*

Dr. HAMILTON by no means disapproves of the manipulatory

method, but he thinks, "the time has not yet arrived in which we may institute a rigid comparison between the relative merits of the two leading plans."

In conclusion, we are proud of the book as an American production. Let such efforts multiply, and let puny editors keep their names off the title pages of foreign books. Let Blanchard and Lea or any other enterprising publishers, reproduce for us good foreign books, but let us have them unadorned; and if ambitious men have ideas to ventilate let them do as Dr. HAMILTON has done.

G.

INTRODUCTORY LECTURES AND ADDRESSES ON MEDICAL SUBJECTS, delivered chiefly before the medical classes of the University of Philadelphia, by GEO. B. WOOD, M. D., LL.D., President of the American Philosophical Society; President of the College of Physicians of Philadelphia; Prof. of the Theory and Practice of Medicine, and of Clinical Medicine, in the University of Pennsylvania, etc. Philadelphia: J. B. LIPPINCOTT & Co. 1859.

This beautiful volume of 460 pages is dedicated by its venerable and accomplished author to the medical graduates of the *University of Pennsylvania*, from the year 1836 to 1860. During this whole period Dr. WOOD has been one of the brightest ornaments of the institution. Of the eighteen lectures and addresses in the volume, two are on Pharmaceutical subjects, one addressed to the members, and the other to the graduating class of the *Philadelphia College of Pharmacy*; six are lectures introductory to the course on *Materia Medica*, and four to that of Theory and Practice in the University of Pennsylvania; two giving the Results of Professional Observations Abroad; three parting addresses to the graduates of the University; and two Bibliographical Memoirs, one of Dr. JOSEPH PARRISH—Dr. WOOD's old preceptor—and the other of Dr. SAMUEL GEORGE MORTON, the well-known Ethnologist.

We have examined this volume with very great pleasure—a pleasure alloyed only by the reflection that the public labors of its excellent author are soon to be brought to a close—as it is understood that Prof. WOOD is engaged in his last

course of lectures, and he announced some time ago that he had written his last book. We hope, however, that he has not written and delivered his last address, and that he may long be spared to encourage by his precepts and his example, science, truth, and honor, and to reprove their opposites wherever found. The profession everywhere are acquainted with Dr. Wood's great scientific and practical works on Pathology and Therapeutics, Materia Medica and Pharmacy. They are acquainted with the character of his mind as manifested in these strictly professional productions, but they may not all be so familiar with his views and feelings on more general topics of medical polity and ethics—they may not all know so well the qualities of his *heart* as of his *head*. This collection of lectures and addresses brings the reader more in contact with his sentiments and feelings, and a more purifying and elevating contact is seldom experienced; one more absolutely free from contamination can not be conceived. It is impossible to arise from the perusal of these addresses without the conviction that the author is a sensible, a pure, and an honorable man, having the deepest interest in the welfare of the profession, and of its actual or prospective members with whom he is associated. Adding to this the impression which must necessarily be obtained by personal intercourse with Prof. Wood, his venerable and dignified appearance, his gentlemanly manners and kind expressions; and, further, adding to this, as we are able to do, a remembrance of his solicitous and skillful professional attendance during a severe and critical illness, and, above all, a grateful feeling of his friendship vouchsafed, and of favors bestowed, our admiration rises to reverence, and our regard to the sincerest affection.

While we regret that the University is so soon to be deprived of the valuable services of Prof. Wood, we can but admire the wisdom which has determined him to retire from his public duties while his mental faculties are in their full vigor, and before the question is even raised as to their declension. He has doubtless been impressed with the painful-

ness of the spectacle of men of superior talents and reputation holding on to important positions when those talents were waning, and to the injury of their reputations, and is determined to avoid that error. As it is, he will carry into his comparative seclusion, the consciousness of duty *well* performed, and the admiration and affection of all who have known him, and whose opinions are of value.

We most heartily commend the book which has called forth these remarks to the notice of all, and especially to the younger members of the profession, feeling assured that by its perusal they will be made both wiser and better men.

A. B. P.

AN EPITOME OF BAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. Containing a condensed summary of the most important cases; their treatment, and all the remedies and other useful matters embraced in the forty volumes—the whole being alphabetically classified, and supplied with an addenda, comprising a table of French weights and measures, reduced to English standard—a list of incompatibles—explanation of the principal occurring in pharmaceutical formulæ—a vocabulary of Latin words most frequently used in prescriptions, and a copious index. In five parts. ; By WALTER S. WELLS, M. D. Part first. New York: W. H. Tinson, Printer and Stereotyper. 1860. C. T. Evan, Publisher, 114 Fulton Street.

THE title page given above explains the nature of the publication as perfectly as we can; and all that remains to be said is that, from the indications of Part first, we conceive the work to be of the utmost value to all who have not already the whole forty numbers of the Retrospect, and even then this epitom is so classified as to present many advantages over the original.

Editorial Department.

Valedictory.

As is intimated by the publishers, on another page, this journal will not be continued beyond the present number. The volume is now closed and all obligations to subscribers cancelled.

The causes which have resulted in this conclusion are various. One, the publishers have stated,—it does not pay:—and although the labor involved is in many respects both agreeable and profitable; agreeable from its placing those engaged in it in pleasing connexion with many minds,—gather from some and distribute to others—and profitable from its placing before them so many sources of information and exciting to an increase of knowledge, yet in the developement of events, there are presented to us pursuits offering greater attractions, and obligations are upon us more imperative.

We retire then from these relations to the profession with mingled feelings; those of sadness at the severance of many pleasant ties, and those of pleasure, in the anticipations of a release from many cares and obligations.

For the last half dozen years, we have given a portion of our time and means to the support of a medical journal in this State, with what faithfulness and acceptance, is for others to judge; but whatever that decision may be, we think we have continued as long in the effort to serve the profession in this capacity as they could reasonably expect, and we feel no compunctions in now relinquishing the task.

While grateful to those who have sustained us by their pens and subscriptions, we cherish a spirit of christianity and forgiveness to others in our midst, who having the ability to write have neglected to do so, and to others still who having received the journal, have not forwarded the money due.

During our editorial career, in the maintenance of what we have deemed right, we have occasionally come in collision

with the opinions and feelings of others, and a spirit of controversy has sometimes been aroused. In the conduct of such discussions we have always thought ourselves in the right, and have striven to be entirely just; but if in any instance there has been the slightest undue severity of expression, or intensity of feeling, none could more regret it than ourselves, and few we think, would be more willing to make any proper acknowledgements.

With the kindest feelings towards our editorial brethren, and so far as we know, at peace and in good will with all, we now extend a fraternal parting hand.

A. B. P.

Valedictory.

Our Valedictory will be brief. The publishers cannot afford to carry on a losing enterprise, and we are unwilling to do more than *to work* for the maintenance of the journal.

With regard to the past, we have only to say: "What we have written, we have written."
G.

DISCONTINUANCE OF THIS JOURNAL.

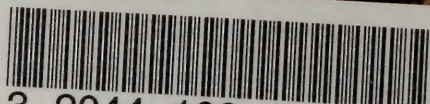
WITH this issue, the publication of the *Peninsular and Independent Medical Journal* ceases.

The publishers desire to state that when induced to undertake the publication of the consolidated Journals, two years ago, they hoped by effort to make it at least self-supporting, if not remunerative.

The results have proved contrary to these expectations, and the outlay the past year has been so much larger than the receipts, that we deem it inadvisable to continue its further publication.

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